PRN

Detailed Transformation Assessment

Findings, Recommendations, Evidence & Enablement Resources

Prepared by Raintree Systems

September 2026

Purpose of this version
This document pre-builds the PRN Gap Analysis from the Internal Master so domain SMEs can validate recommendations, add screenshots/workflow evidence, resolve open questions, and finalize customer-ready language without recreating the analysis from scratch.

How to Use This Transformation Assessment

This assessment brings PRN discovery findings, workflow evidence, Raintree capabilities, and recommended actions into one customer-facing view. Each recommendation is intended to support prioritization, ownership, validation, and phased execution.

1	**Validate**	**Confirm the finding, requirement, and recommendation accurately reflect PRN's workflow and Raintree capability.**
2	**Enhance**	Add SME detail only where needed to make the recommendation complete and customer-ready.
3	**Show**	Insert the appropriate Raintree screenshots, workflow examples, configuration examples, or report views in each placeholder.
4	**Finalize**	Resolve open questions, mark the section validated, and complete the final customer-ready notes.

Assessment Scope - This assessment organizes the current PRN findings across Front Office & Patient Access; Sales, Marketing & Patient Engagement; Clinical Operations & Documentation; Revenue Cycle Management; and Reporting & Analytics. Recommendations should be read together with the supporting evidence and validation status shown throughout the document.

Domain	Items
Front Office & Patient Access	**13**
Sales, Marketing & Patient Engagement	**9**
Clinical Operations & Documentation	**39**
Revenue Cycle Management	**14**
Reporting & Analytics	**9**

Executive Transformation Summary

[FINALIZE AFTER DOMAIN VALIDATION]
Summarize the highest-impact findings, priority recommendations, quick wins, dependencies, and recommended roadmap after all domain sections are validated.

Front Office & Patient Access

12 pre-built items from the Internal Master. Validate the customer-facing language and supporting evidence before final delivery.

Front Office & Patient Access | Recommendation 1 of 12

Inbound Calls

Category: Front Office

Current State / Finding	•Answers ALL calls received in clinic (exception is those select brand/locations supported by HUB/ CC/AI WA)
Business Objective / Future State	•PSR takes existing patient calls, AI/HUB escalations & referring physician calls (significant call volume shift to AI/HUB; allows PSR to provide best in class customer service in clinic)Goal is to remove the phone so front- facing reception is never distracted. AI will eventually replace IVR (all calls not just patient scheduling)
Requirement / Gap	RT NA
Raintree Recommendation	Explore potential integration with 8x8 via APIs - Gateways™
Dependencies / Considerations	RT NA- (8x8 & Confido provide)
Outstanding Questions	NA

Supporting Screenshot / Workflow Evidence

[INSERT SCREENSHOT / WORKFLOW IMAGE HERE]

Use the screenshot to visually support the recommendation and show the applicable Raintree workflow/configuration.

SME validation	☐ Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Front Office & Patient Access | Recommendation 2 of 12

Document Routing/ Faxes

Category: Front Office

Current State / Finding	•Handles all document routing, including POC tasking & patient referrals (exception: AZ, NV, S&S & WA)
Business Objective / Future State	•Vendor/AI works all faxes with minimal if any intervention from the PSR
Requirement / Gap	This is on the roadmap for RT. Currently being covered by Confido via an integration with

	Raintree.
Raintree Recommendation	RT-NA
Dependencies / Considerations	RT NA- Fax breakdown by type and reconciliation for all docs received and worked daily, provided by AI vendor (Confido)
Outstanding Questions	NA

Supporting Screenshot / Workflow Evidence

[INSERT SCREENSHOT / WORKFLOW IMAGE HERE]

Use the screenshot to visually support the recommendation and show the applicable Raintree workflow/configuration.

SME validation	☐ Configuration ☐ Change Management ☐ Customization **X** Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Front Office & Patient Access | Recommendation 3 of 12

Referral Entry/ Intake

Category: Front Office

Current State / Finding	•PSRs convert referrals to Intake in preparation of outbound scheduling (exception: AZ, NV, S&S, TX & WA have assistance from the HUB and/or vendor)
Business Objective / Future State	•All new referrals will be received, processed & prioritized AI Agents
Requirement / Gap	Confido will process all referrals from document routing. All referrals will make it to Journeys for complete lead tracking.
Raintree Recommendation	Some fine tuning of our Journey Dashboard, should be managed internally with partnership of our DI Team. Discussed having further conversations w/ Michelle & Indhu
Dependencies / Considerations	NA
Outstanding Questions	NA

Supporting Screenshot / Workflow Evidence

[INSERT SCREENSHOT / WORKFLOW IMAGE HERE]

Use the screenshot to visually support the recommendation and show the applicable Raintree workflow/configuration.

SME validation	☐ Configuration ☐ Change Management

	☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

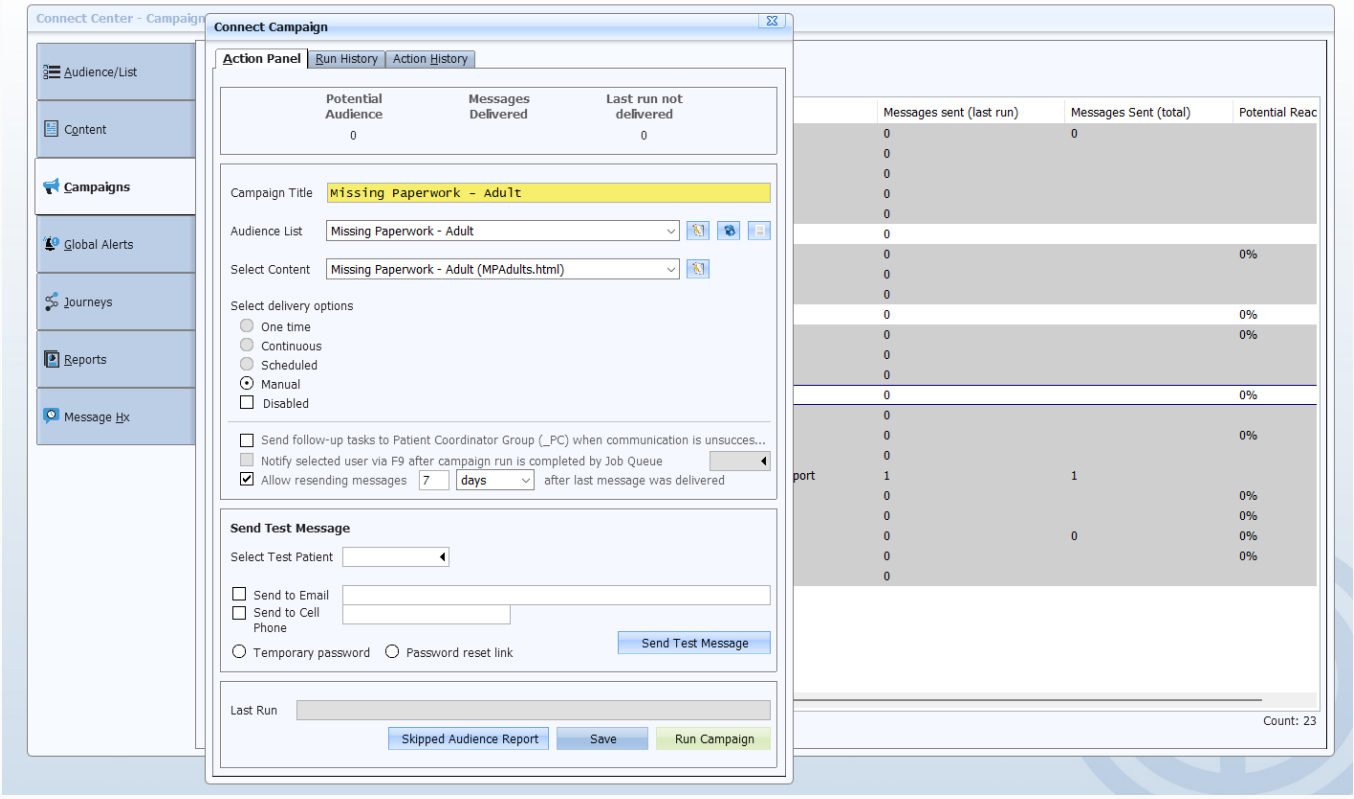
Front Office & Patient Access | Recommendation 4 of 12

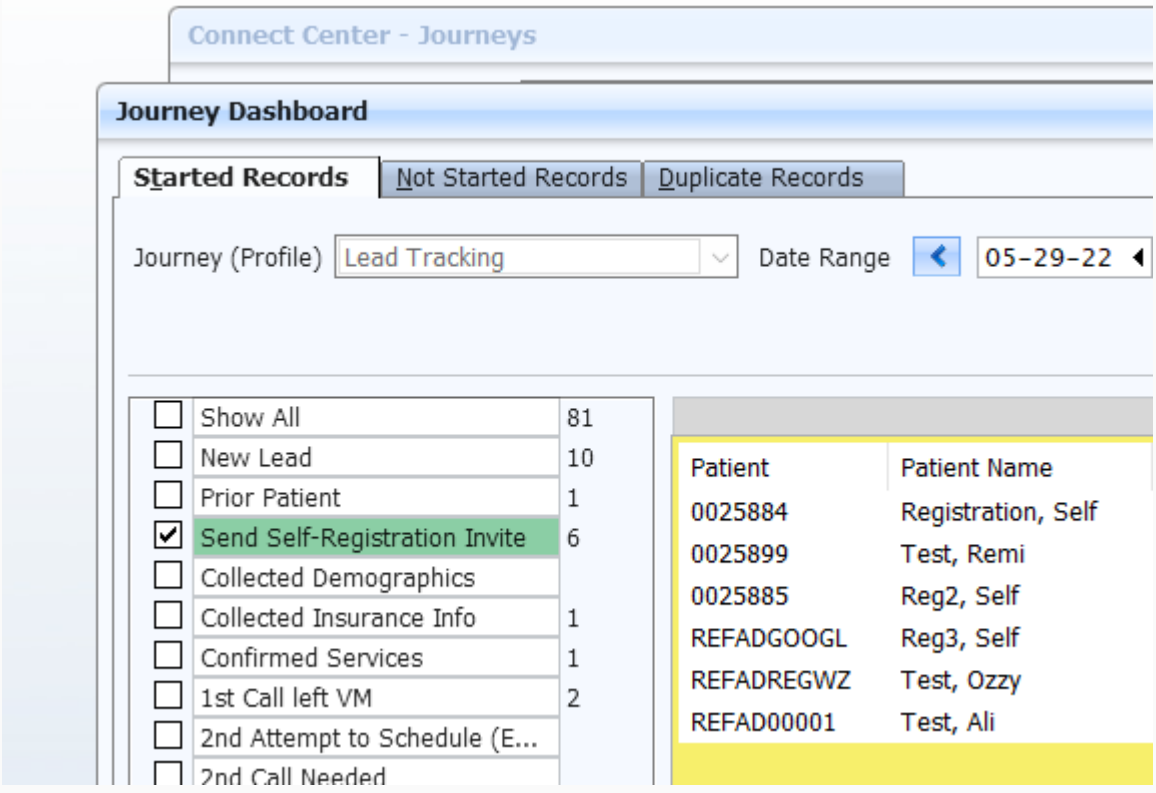
Patient Scheduling

Category: Front Office

Current State / Finding	•Scheduling patients' initial evaluations and recurring appointments (exception: AZ Tier1, CA Mem Care, NV New Pts, TX Tier 1, WA New PTs)
Business Objective / Future State	•All New Patient scheduling handled by AI Agents & the centralized HUB (speciality LOBs)
Requirement / Gap	Future Scope SchedulerIQ
Raintree Recommendation	Easy button for all pt's that have not completed paperwork ability to send mass reminder by regio?? FUTURE- Self Scheduling & AI monitor of missed appointments & automated followup of interest. Touchpoints Cost has been barrier
Dependencies / Considerations	RT- it would be nice to have RT User Report in the FO Dashboard: Roll Up by FTE and/or AI (Drill down by region/ location & appt type)
Outstanding Questions	NA

Supporting Screenshot / Workflow Evidence





SME validation	☐ Configuration X Change Management ☐ Customization ☐ Roadmap

Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Front Office & Patient Access | Recommendation 5 of 12

Managing POCs/Referral Source Comm/ No Show & Cancellations/ Verification Tasks

Category: Front Office

Current State / Finding	Managing plans of care (POC) remains a major manual burden, with exceptions and tasking rules needing fine tuning to reduce unnecessary workload. Currently, PSRs must manually complete POC tasks, including resending for physician signatures, even when not required by payer or state rules.
Business Objective / Future State	•Patients scheduled out based on Plan of Care during eval check-out
Requirement / Gap	Indhu offered to provide training and documentation on these exemption setups to reduce unnecessary POC tasking.
Raintree Recommendation	POC Tasking required for replacements plans, wc (exception TX). Liens, cash pay & should not be necessary in these instances. WHY are we creating extra work? Indu shared utility screen for CS to review and potentially remove requirements. Indu did review POC Exemption: Exempt a Plan of Care (POC) from requiring a referring provider's signature and return. This group of options is for accommodating the Medicare regulation that exempts an initial evaluation POC from requiring a referring provider's signature and return, provided a valid prescription (Rx) is on file.
Dependencies / Considerations	NA
Outstanding Questions	NA

Supporting Screenshot / Workflow Evidence

Plan of Care Workflow.pdf

SME validation	☐ Configuration **X** Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Front Office & Patient Access | Recommendation 6 of 12

New Patient Appointment Reminders

Category: Front Office

Current State / Finding	•If time permits PSR calls patient to confirm arrival time, share

	any missing data points and expectations for visit
Business Objective / Future State	AI agent contact - The AI agent (Confido) will contact the new patient 24 hours prior to their appointment In addition to Raintree text reminders - This would complement the existing Raintree text reminder that goes out for all appointments, including evaluations. The key improvement being sought is automating the personalized pre-appointment confirmation call through AI so PSRs aren't manually making these calls when time permits.
Requirement / Gap	NA
Raintree Recommendation	Already have texting in place
Dependencies / Considerations	NA
Outstanding Questions	NA

Supporting Screenshot / Workflow Evidence

SME validation	☐ Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Front Office & Patient Access | Recommendation 7 of 12

Greeting Patients

Category: Front Office

Current State / Finding	Eliminating the burdensome tasks with the use of AI ensures every patient is warmly welcomed. This frees up PSRs to focus on patient engagement
Business Objective / Future State	The core idea is that by using AI to handle administrative burdens, PSRs can dedicate their time to warm patient welcomes and meaningful engagement rather than being distracted by phone calls and paperwork.
Requirement / Gap	NA
Raintree Recommendation	NA
Dependencies / Considerations	NA
Outstanding Questions	NA

Supporting Screenshot / Workflow Evidence

SME validation	☐ Configuration ☐ Change Management ☐ Customization ☐ Roadmap

Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

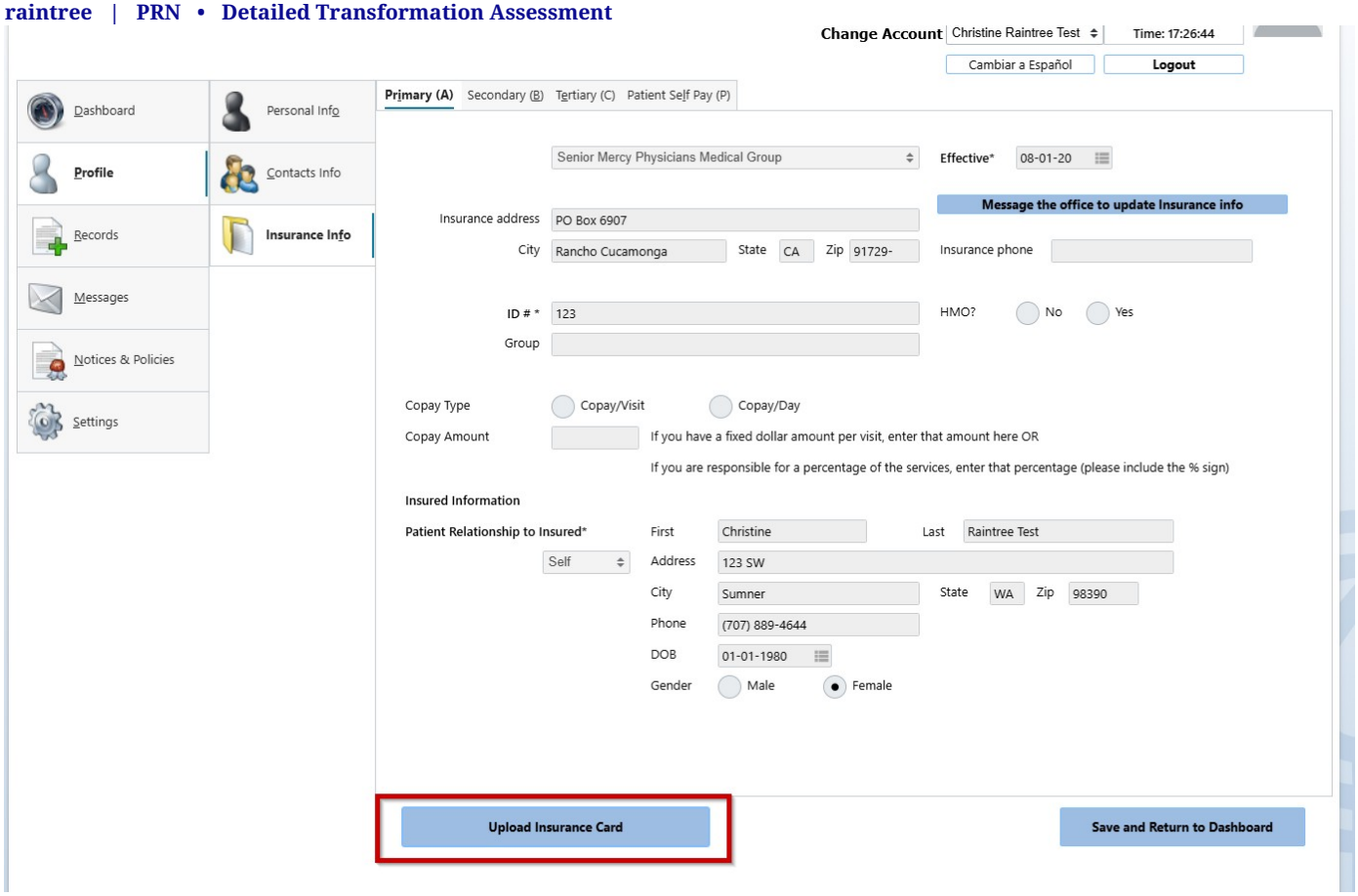
Front Office & Patient Access | Recommendation 8 of 12

Patient Registration/ 1st Visit

Category: Front Office

Current State / Finding	Patients can't upload medications. Patients can't upload insurance cards If the patient is Spanish speaking, the team has to send a Spanish form set separately.
Business Objective / Future State	Ensure patients have a clear understanding of their benefits and patient responsibility
Requirement / Gap	Unable to support clinician workflow
Raintree Recommendation	Patient forms can include a Spanish translation, provided the Spanish text is built into the same form as the English version. By setting it up this way, you avoid the need to send separate form sets to your patients. Patient Portal currently has the ability for patients to upload an insurance card, however, patients are not given the capability to type in information. Medication: patients do have the capability to upload/add medication within adult medical history.
Dependencies / Considerations	Review current patient forms, review patient portal setup, review medical history options.
Outstanding Questions	NA

Supporting Screenshot / Workflow Evidence


Change Account
Christine Raintree Test
Time: 17:26:44
Cambiar a Español
Logout
Dashboard
Profile
Records
Messages
Notices & Policies
Settings
Personal Info
Contacts Info
Insurance Info
Primary (A)
Secondary (B)
Tertiary (C)
Patient Self Pay (P)
Senior Mercy Physicians Medical Group
Effective*
08-01-20
Message the office to update Insurance info
Insurance address
PO Box 6907
City
Rancho Cucamonga
State
CA
Zip
91729-
Insurance phone
ID # *
123
HMO?
No
Yes
Group
Copay Type
Copay/Visit
Copay/Day
Copay Amount
If you have a fixed dollar amount per visit, enter that amount here OR
If you are responsible for a percentage of the services, enter that percentage (please include the % sign)
Insured Information
Patient Relationship to Insured*
Self
First
Christine
Last
Raintree Test
Address
123 SW
City
Sumner
State
WA
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Phone
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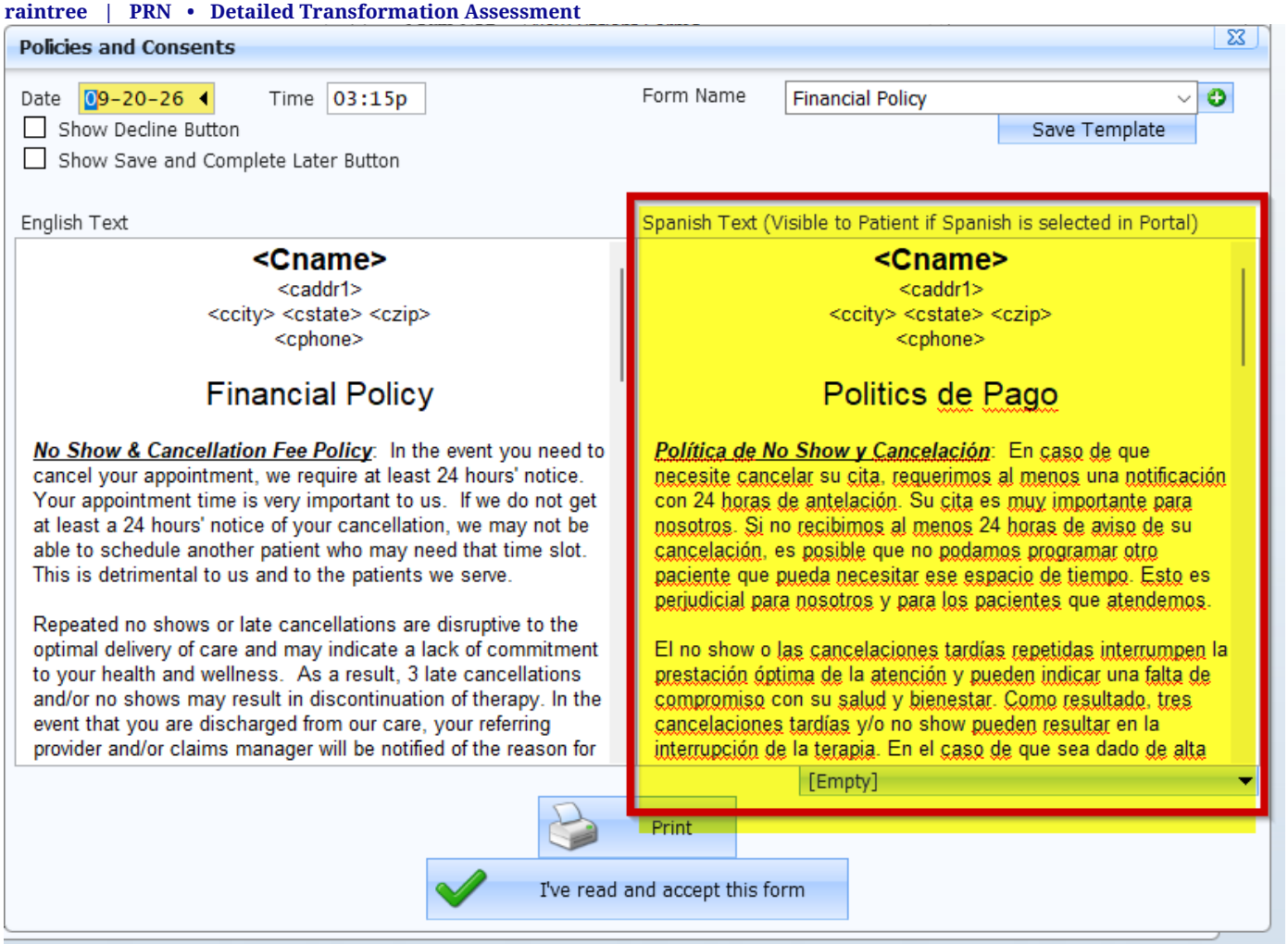
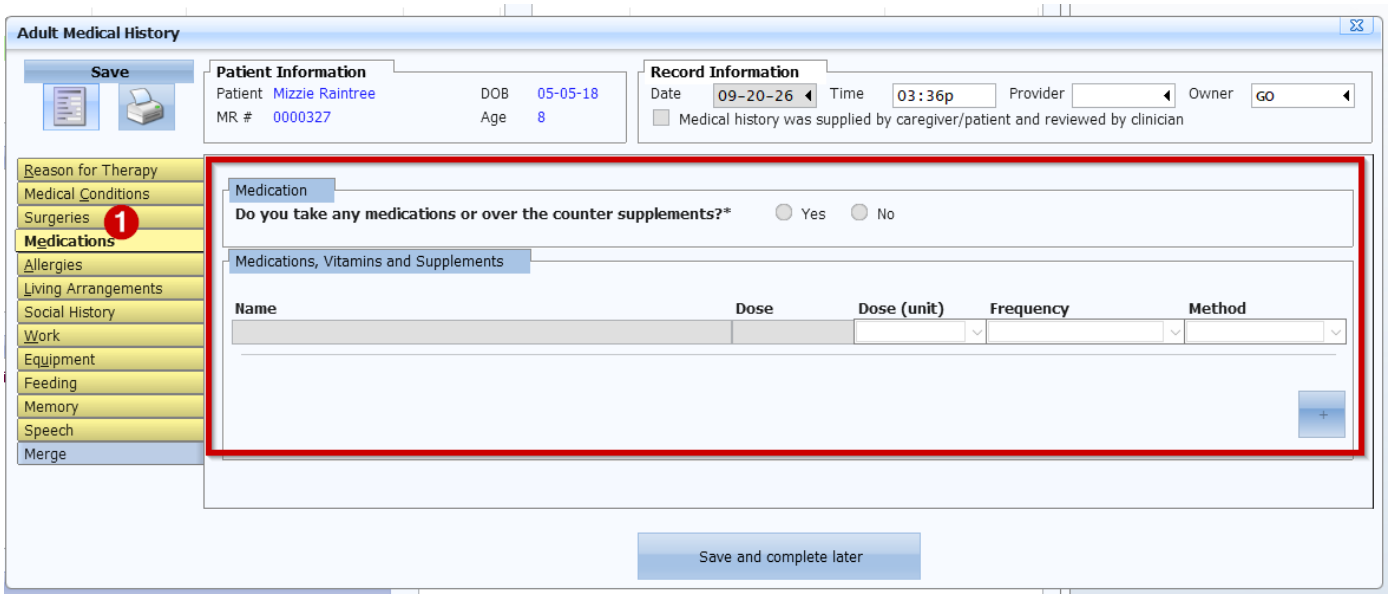
DOB
01-01-1980
Gender
Male
Female
Upload Insurance Card
Save and Return to Dashboard





SME validation	**X** Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Front Office & Patient Access | Recommendation 9 of 12

Authorizations

Category: Front Office

Current State / Finding	•Obtains authorizations/ RX
Business Objective / Future State	•Potential hybrid solution using AI Agents/ regional centralized SMEs
Requirement / Gap	Unable to see Real time view of rejections/ denials related to FO workflows
Raintree Recommendation	Agentic AI/RCM
Dependencies / Considerations	Real time view of rejections/ denials related to FO workflows. Effort to eliminate and or reduce denied DOS
Outstanding Questions	NA

Supporting Screenshot / Workflow Evidence

[INSERT SCREENSHOT / WORKFLOW IMAGE HERE]

Use the screenshot to visually support the recommendation and show the applicable Raintree workflow/configuration.

SME validation	☐ Configuration ☐ Change Management ☐ Customization **X** Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Front Office & Patient Access | Recommendation 10 of 12

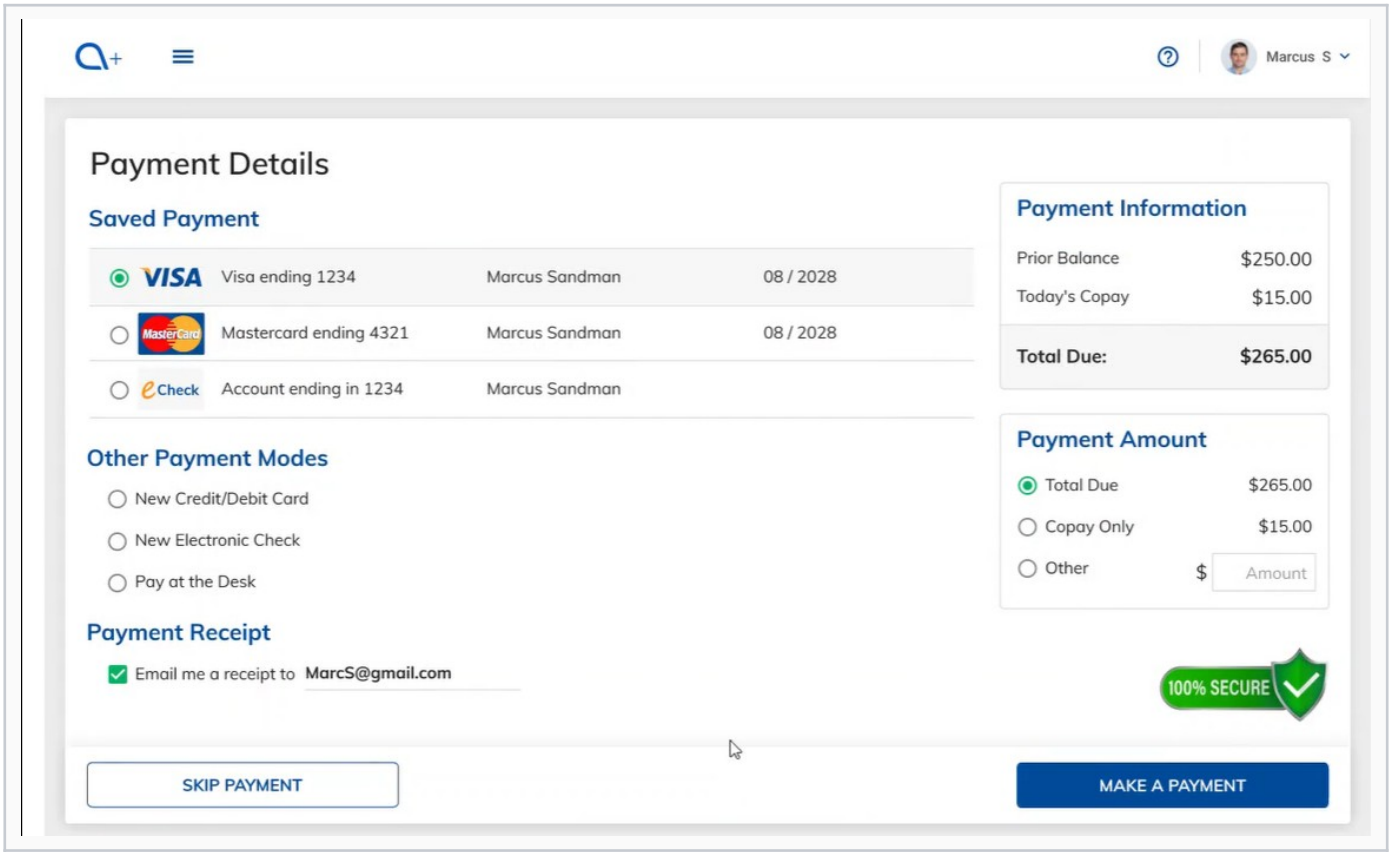
Patient Collections

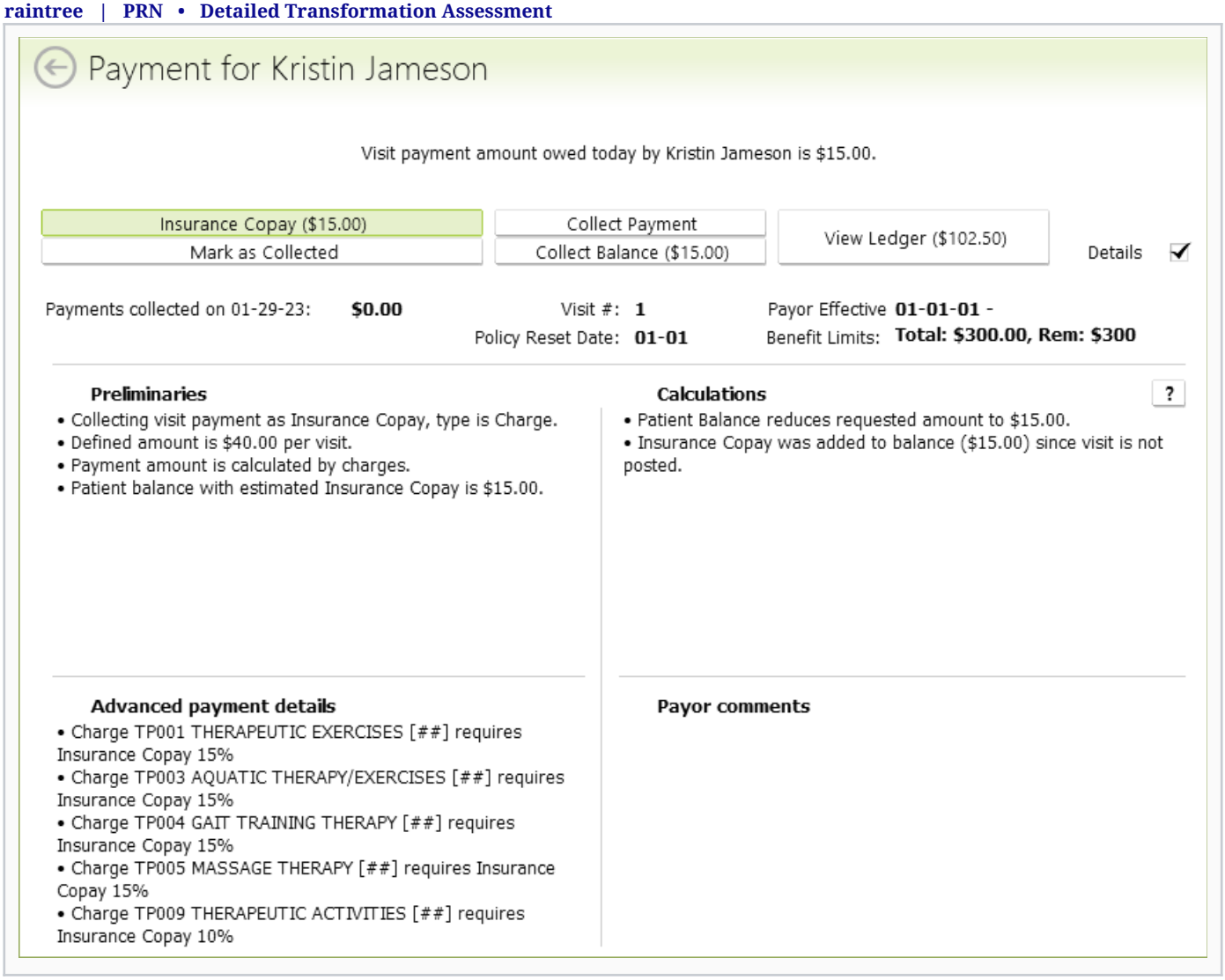
Category: Front Office

Current State / Finding	Collects patients' estimated cost-share @ time of service and PSR collects on patient aging.
Business Objective / Future State	Potential use of centralized collectors for post discharge patient collections (AI Agents in process and increase technology (QR Code, Wallet)
Requirement / Gap	Patients checking in on tablets/kiosks are presented with payment options If they choose "see the front desk to pay" (because they want to pay differently than their card on file), the front desk receives no notification Front desk assumes payment was made and doesn't verify No alert system exists to notify the front desk that a patient deferred payment
Raintree Recommendation	Use current checkin alerts within checkin process along with

	payment alerts within Touchpoints Kiosk. QR code and Wallet are already available with AI Agents coming in 2027.
Dependencies / Considerations	PRN is not currently using Touchpoints
Outstanding Questions	Will PRN use Touchpoints and is PRN using full copayment screen recommendations currently?

Supporting Screenshot / Workflow Evidence





SME validation	X Configuration X Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Front Office & Patient Access | Recommendation 11 of 12

Schedule Management

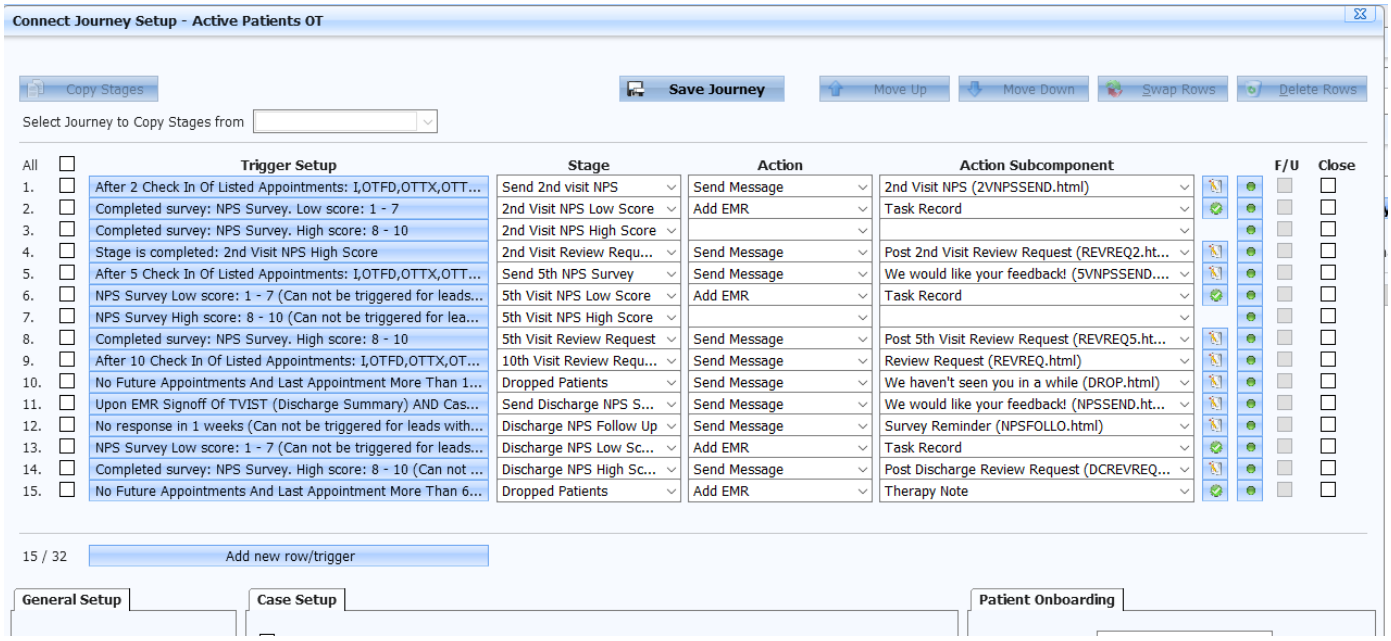
Category: Front Office

Current State / Finding	•Partners with CD to manage case load to ensure full schedules and patient retention
Business Objective / Future State	•Same as current (Pro-active management will relieve stress on CD/clinicians and enhance quality of schedule) •Use AI for reactivation; Currently PSR refers to Caseloads for follow up w. patient; key to success is clinician completing notes
Requirement / Gap	Unable to catch patients that have missed appointments quicker.

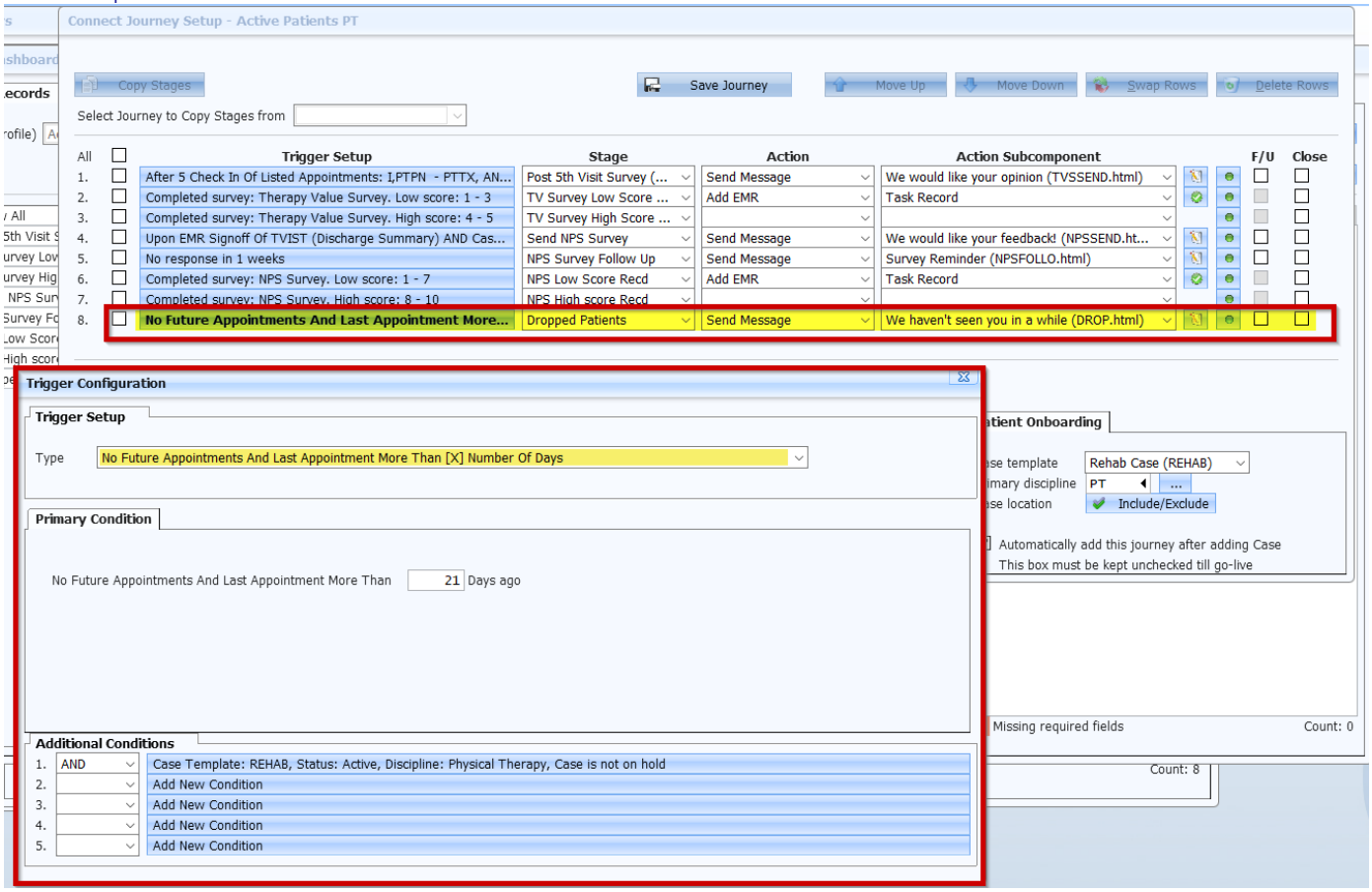
Raintree Recommendation	Currently there are no tasks that are sent to the PSR group when a patient drops. You can create a stage in Active Patient Journeys to track these patients and create a stage to send a message to the patient that they have fallen off the schedule and need to reach back out to get back on the books. You are also able to use the audience report to get the data you are looking for to catch the patients sooner.
Dependencies / Considerations	NA
Outstanding Questions	NA

Supporting Screenshot / Workflow Evidence

Current Setup



Future Setup



SME validation	☐ Configuration **X** Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

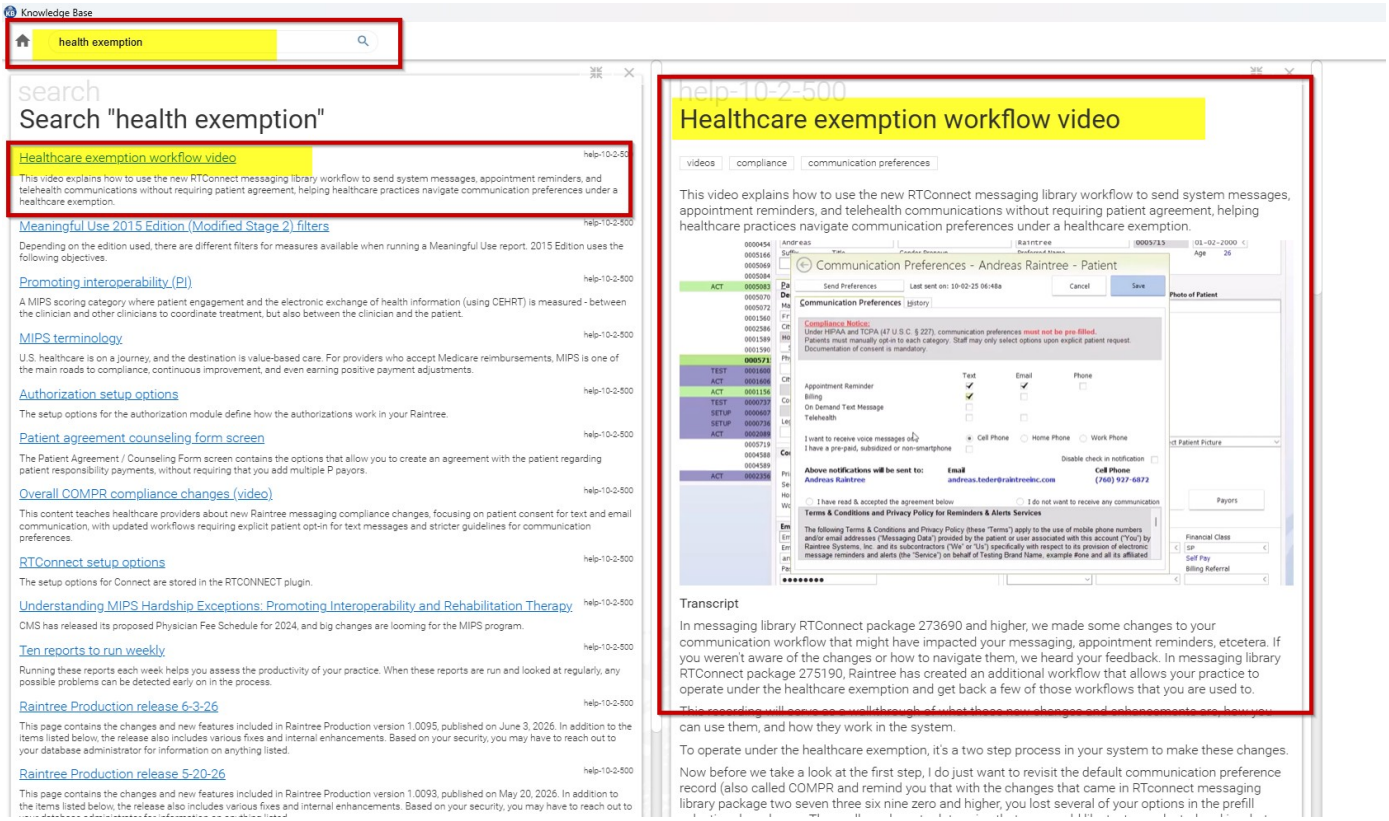
Front Office & Patient Access | Recommendation 12 of 13

Welcome Letter Automation (HIPAA)

Category: Front Office

Current State / Finding	Manual sending of the welcome letter remains due to HIPAA consent issues following recent regulatory changes, blocking full automation
Business Objective / Future State	Patients to be opted into messages
Requirement / Gap	Healthcare Exemption RTConnect Package 275190
Raintree Recommendation	Automate Welcome Letter & appropriate document attachments (Ticket in process to Update HIPAA Communication preferences SF Case: 447968)
Dependencies / Considerations	Client must review with the Healthcare Exemption with their legal/compliance team
Outstanding Questions	NA

Supporting Screenshot / Workflow Evidence



SME validation	X Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

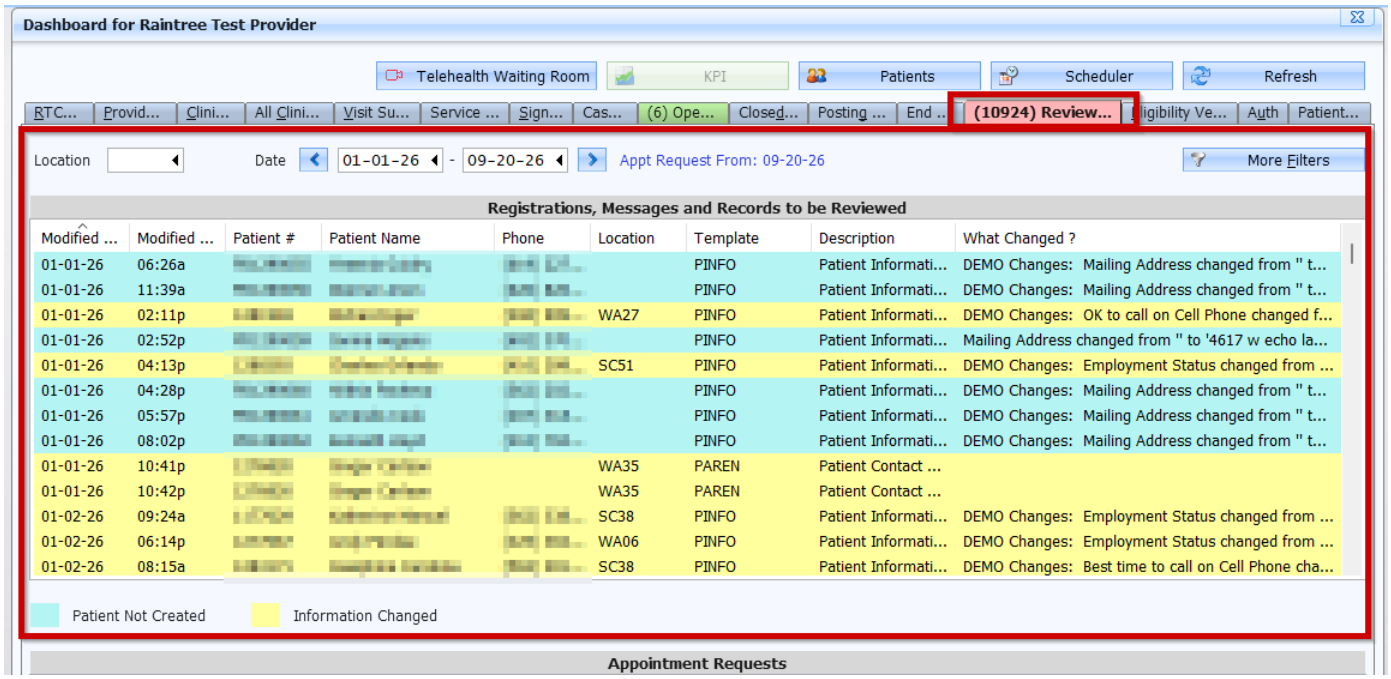
Front Office & Patient Access | Recommendation 13 of 1

Review Patient Portal Tab

Category: Front Office

Current State / Finding	Review Patient Portal Tab (from 1/1/26-9/20/26 - 10924) outstanding items not reviewed.
Business Objective / Future State	Review Tab to review patients request to update demos/contact information
Requirement / Gap	Patients not receiving information from the clinic, may be going to incorrect numbers etc.
Raintree Recommendation	Review Patient Portal Tab daily. Update patient data or remove updates.
Dependencies / Considerations	NA
Outstanding Questions	NA

Supporting Screenshot / Workflow Evidence



SME validation	☐ Configuration X Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Front Office & Patient Access | Recommendation 14 of 1

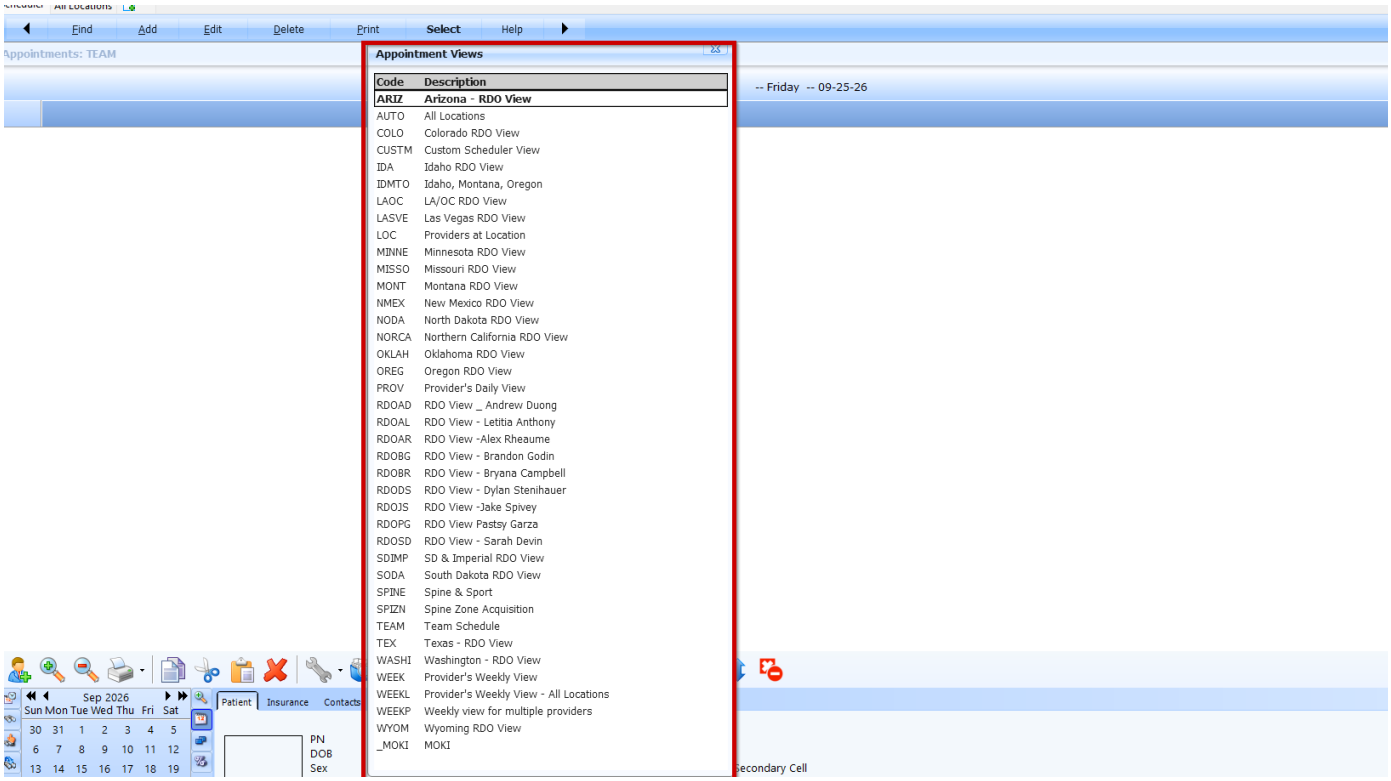
Scheduler Views

Category: Front Office

Current State / Finding	After reviewing we have found that the client is not using or does not have Location scheduler views from their view drop down.
Business Objective / Future State	Front Office state can easily navigate the schedule and schedule patients at the appropriate locations.
Requirement / Gap	NA
Raintree Recommendation	Add Location Specific Views
Dependencies / Considerations	NA
Outstanding Questions	NA

Supporting Screenshot / Workflow Evidence

Current State:



SME validation	**X** Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved

	☐ Needs Additional Validation

Front Office & Patient Access | Recommendation 15 of 1

KPI

Category: Front Office

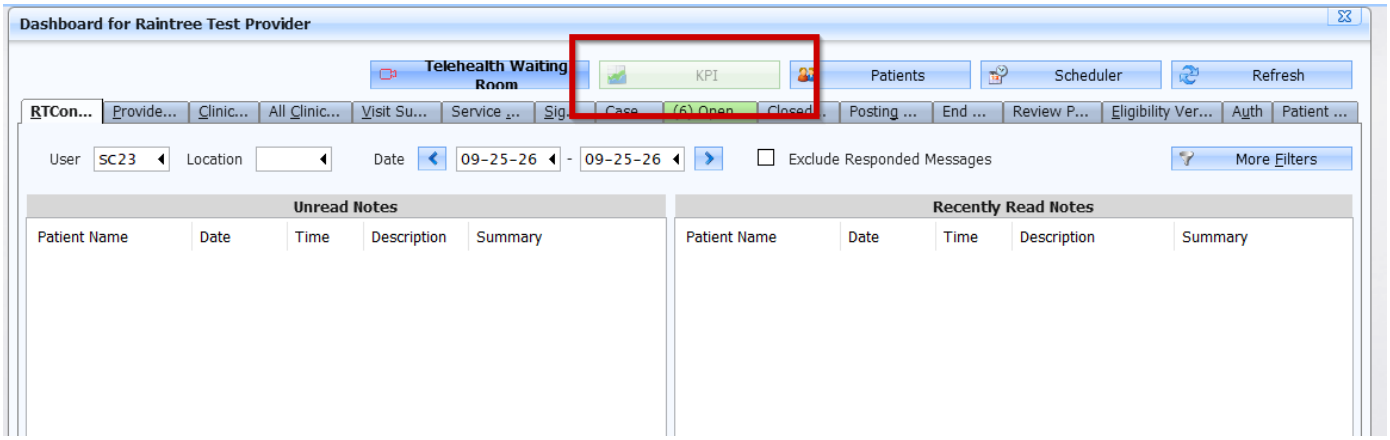
Current State / Finding	After reviewing we have found that the client is not using KPI (Key Performance Indicators for Front Office)
Business Objective / Future State	Surface actionable front office KPIs
Requirement / Gap	The Key Performance Indicator (KPI) module allows you to assess how well users are performing important activities in Raintree. KPIs are used to measure key aspects of staff activities. Thresholds specified for these performance indicators are used to highlight to a user, and/or to a user's supervisor, the areas of their work that require attention.

Raintree Recommendation	Review and enable appropriate KPI measures, including patients without future visits and patients with limited visits remaining.
	- KPI Plugin > KPI_SETUP
	  - #1 switch to 'Y'
	  - #2 Exclude specific usergroups / users as needed
	  - #3 Assign Provider KPIs to specific usergroups
	  - Use the "Front Office Measures" category and turn on the appropriate KPIs.
	  - Turn them on by opening up each option and placing a 'Y' in the first value. Then identify threshold values.

Dependencies / Considerations	NA
Outstanding Questions	NA

Supporting Screenshot / Workflow Evidence

Current State



Future State

SME validation	**X** Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Front Office & Patient Access | Recommendation 16 of

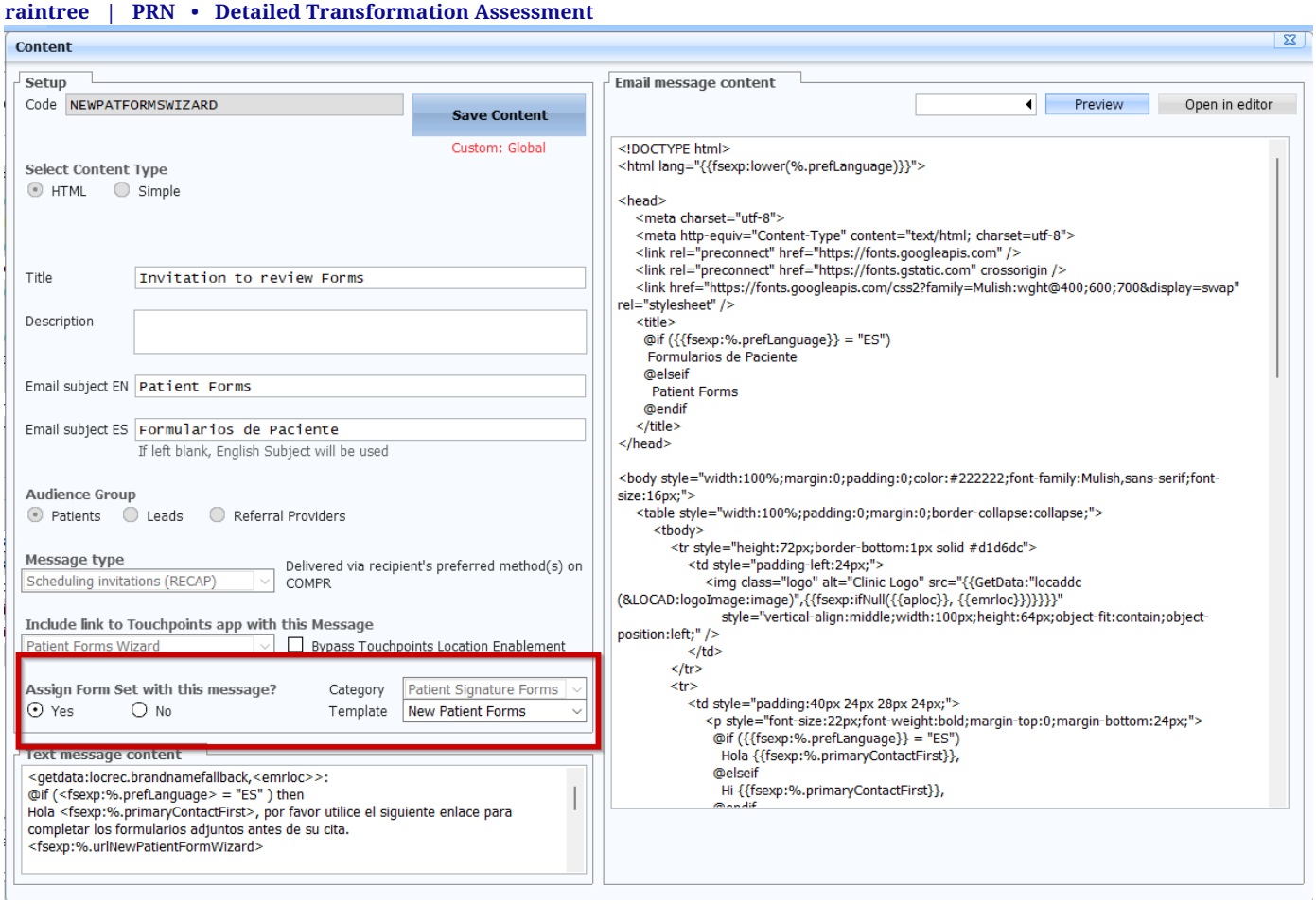
Touchpoints - Patient Forms

Category: Front Office

Current State / Finding	After reviewing we have found that the client is not using Touchpoints
Business Objective / Future State	With Touchpoints you are able to push out different form sets to different FC ie. WC, AUTO, Medicare
Requirement / Gap	Automating these forms saves time, allowing the front office to focus on patient service rather than manual tasks.
Raintree Recommendation	Review Touchpoints
Dependencies / Considerations	NA
Outstanding Questions	NA

Supporting Screenshot / Workflow Evidence

Future State



SME validation	☐ Configuration X Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Front Office & Patient Access | Recommendation 17 of

Touchpoints - Kiosk (Medical History)

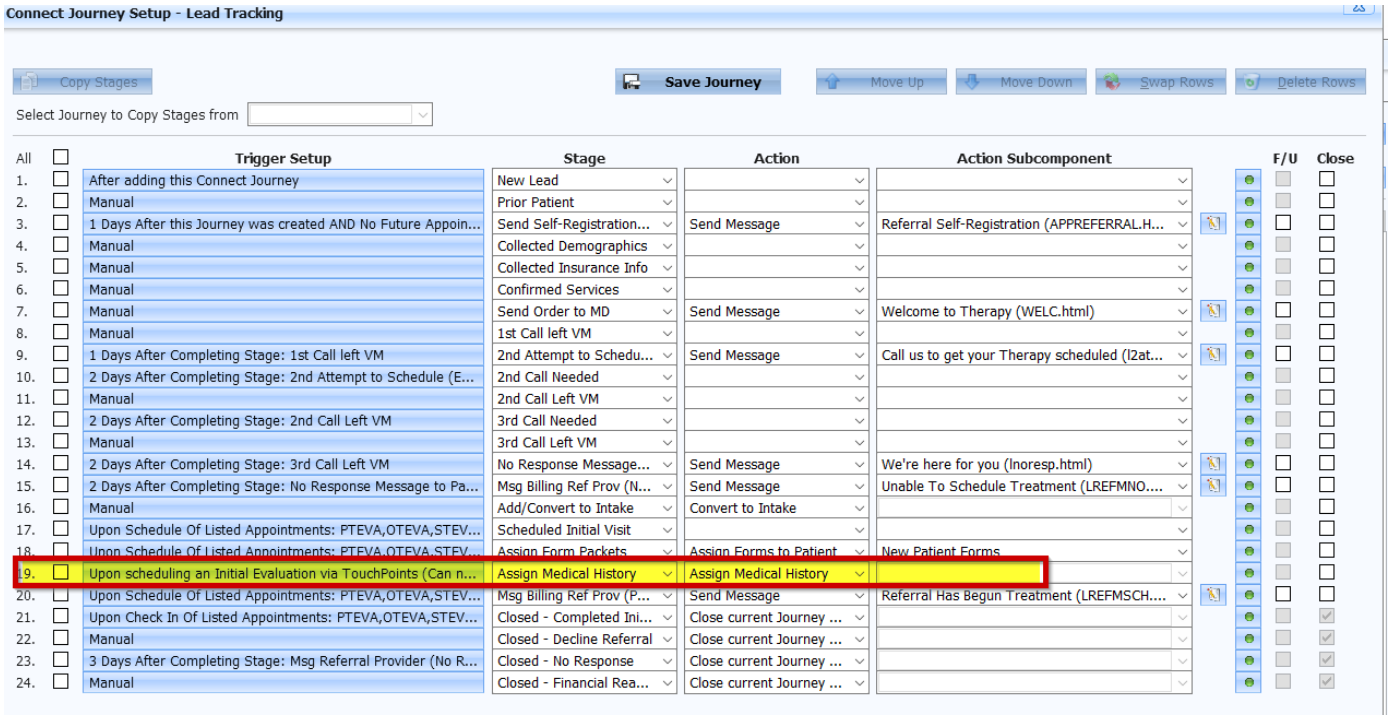
Category: Front Office

Current State / Finding	After reviewing we have found that the client is not using Touchpoints
Business Objective / Future State	With Touchpoints you are able to push out Medical History to a patient and it will pop up on the KIOSK for them to complete. Patients will also be able to complete prior to coming in for their visit.
Requirement / Gap	Automating the medical history saves time, allowing

	the front office to focus on patient service rather than manual tasks.
Raintree Recommendation	Review Touchpoints
Dependencies / Considerations	NA
Outstanding Questions	NA

Supporting Screenshot / Workflow Evidence

Future State



All	Trigger Setup	Stage	Action	Action Subcomponent	F/U	Close
1.	After adding this Connect Journey	New Lead				
2.	Manual	Prior Patient				
3.	1 Days After this Journey was created AND No Future Appoin...	Send Self-Registration...	Send Message	Referral Self-Registration (APPREFERRAL.H...		
4.	Manual	Collected Demographics				
5.	Manual	Collected Insurance Info				
6.	Manual	Confirmed Services				
7.	Manual	Send Order to MD	Send Message	Welcome to Therapy (WELC.html)		
8.	Manual	1st Call left VM				
9.	1 Days After Completing Stage: 1st Call left VM	2nd Attempt to Schedu...	Send Message	Call us to get your Therapy scheduled (l2at...		
10.	2 Days After Completing Stage: 2nd Attempt to Schedule (E...	2nd Call Needed				
11.	Manual	2nd Call Left VM				
12.	2 Days After Completing Stage: 2nd Call Left VM	3rd Call Needed				
13.	Manual	3rd Call Left VM				
14.	2 Days After Completing Stage: 3rd Call Left VM	No Response Message...	Send Message	We're here for you (lnoresp.html)		
15.	2 Days After Completing Stage: No Response Message to Pa...	Msg Billing Ref Prov (N...	Send Message	Unable To Schedule Treatment (LREFMNO....		
16.	Manual	Add/Convert to Intake	Convert to Intake			
17.	Upon Schedule Of Listed Appointments: PTEVA,OTEVA,STEV...	Scheduled Initial Visit				
18.	Upon Schedule Of Listed Appointments: PTEVA,OTEVA,STEV...	Assign Form Packets	Assign Forms to Patient	New Patient Forms		
19.	Upon scheduling an Initial Evaluation via TouchPoints (Can n...	Assign Medical History	Assign Medical History			
20.	Upon Schedule Of Listed Appointments: PTEVA,OTEVA,STEV...	Msg Billing Ref Prov (P...	Send Message	Referral Has Begun Treatment (LREFMSCH....		
21.	Upon Check In Of Listed Appointments: PTEVA,OTEVA,STEV...	Closed - Completed Ini...	Close current Journey ...			
22.	Manual	Closed - Decline Referral	Close current Journey ...			
23.	3 Days After Completing Stage: Msg Referral Provider (No R...	Closed - No Response	Close current Journey ...			
24.	Manual	Closed - Financial Rea...	Close current Journey ...			

SME validation	☐ Configuration X Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Front Office & Patient Access | Recommendation 18 of

Touchpoints - RTPay

Category: Front Office

Current State / Finding	After reviewing we have found that the client is not using Touchpoints

Business Objective / Future State	With Touchpoints patients are able to make payments and pay outstanding balances via Credit Card, Check, and Cash.
Requirement / Gap	Enabling payments on the kiosk makes it easier to collect patient balances upfront, which helps ensure steady cash flow and supports the overall financial health of the practice.
Raintree Recommendation	Review Touchpoints
Dependencies / Considerations	NA
Outstanding Questions	NA

Supporting Screenshot / Workflow Evidence

SME validation	☐ Configuration X Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Front Office & Patient Access | Recommendation 19 of

Report Scheduler

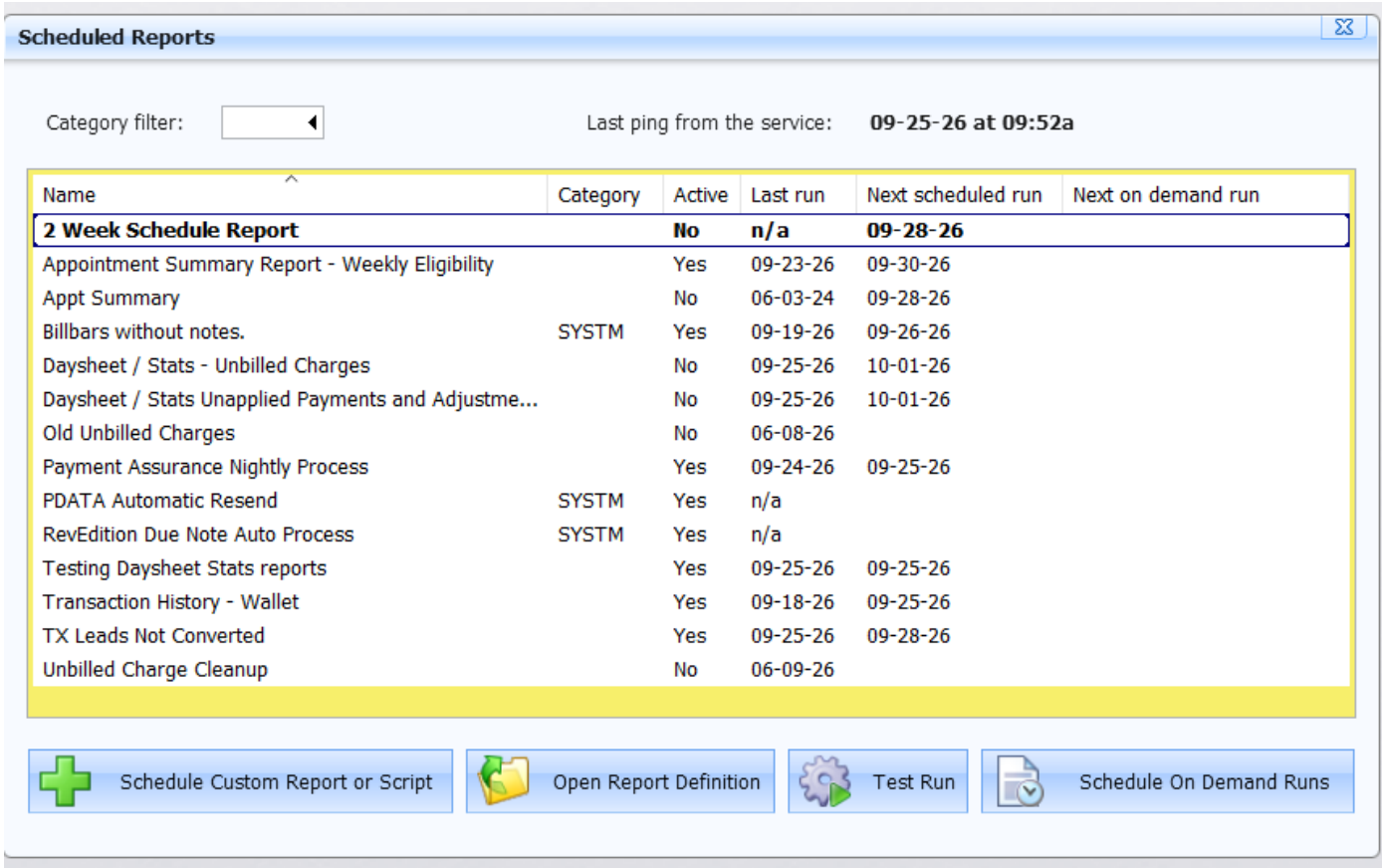
Category: Front Office

Current State / Finding	After reviewing we have found that the client is not fully utilizing Report Scheduler to automate reports.
Business Objective / Future State	Automatic Reports can be pushed to the proper teams in a timely manner to review their data/reports that need to be addressed.
Requirement / Gap	The Report Scheduler is designed for planning automatically scheduled reports. This enables you to define exactly when and how certain reports are run.
Raintree Recommendation	Review Report Scheduler
Dependencies / Considerations	NA

Outstanding Questions	NA

Supporting Screenshot / Workflow Evidence

Current State



SME validation	**X** Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Front Office & Patient Access | Recommendation 20 of

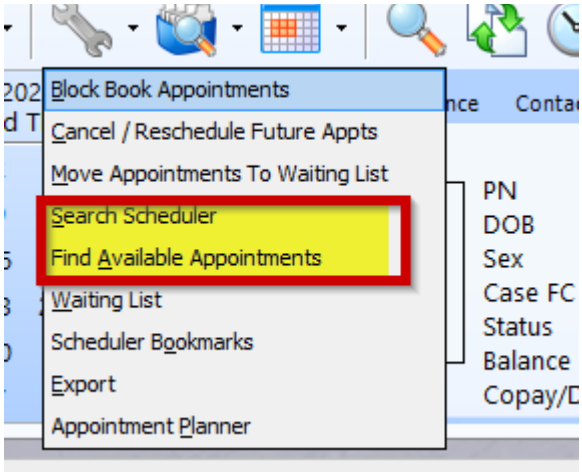
Knowledge - Scheduler Search

Category: Front Office

Current State / Finding	Knowledge - Scheduler Search Tool
Business Objective / Future State	The scheduler's search feature enables your staff to look through the scheduled appointments in the scheduler and find specific appointments by applying different filters.

Requirement / Gap	NA
Raintree Recommendation	Review Scheduler Search
Dependencies / Considerations	NA
Outstanding Questions	NA

Supporting Screenshot / Workflow Evidence



SME validation	☐ Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Front Office & Patient Access | Recommendation 21 of

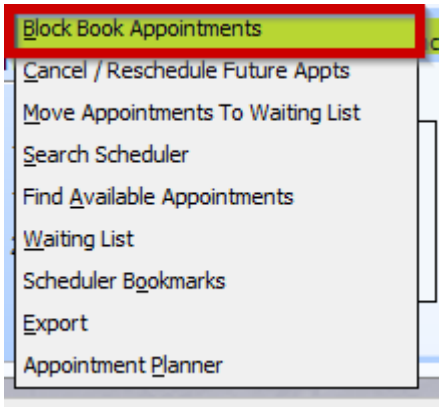
Knowledge - Block Booking - Schedule

Category: Front Office

Current State / Finding	Knowledge - Block Booking Tool
Business Objective / Future State	Front office staff can block book appointments for specific patients with specific appointment types.You can block book appointments on a daily, weekly or monthly basis.
Requirement / Gap	NA
Raintree Recommendation	Review Block Booking
Dependencies / Considerations	NA

Outstanding Questions	NA

Supporting Screenshot / Workflow Evidence



SME validation	☐ Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

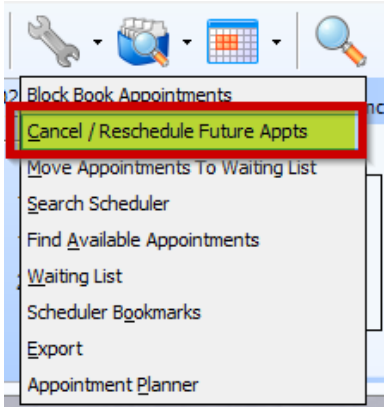
Front Office & Patient Access | Recommendation 22 of

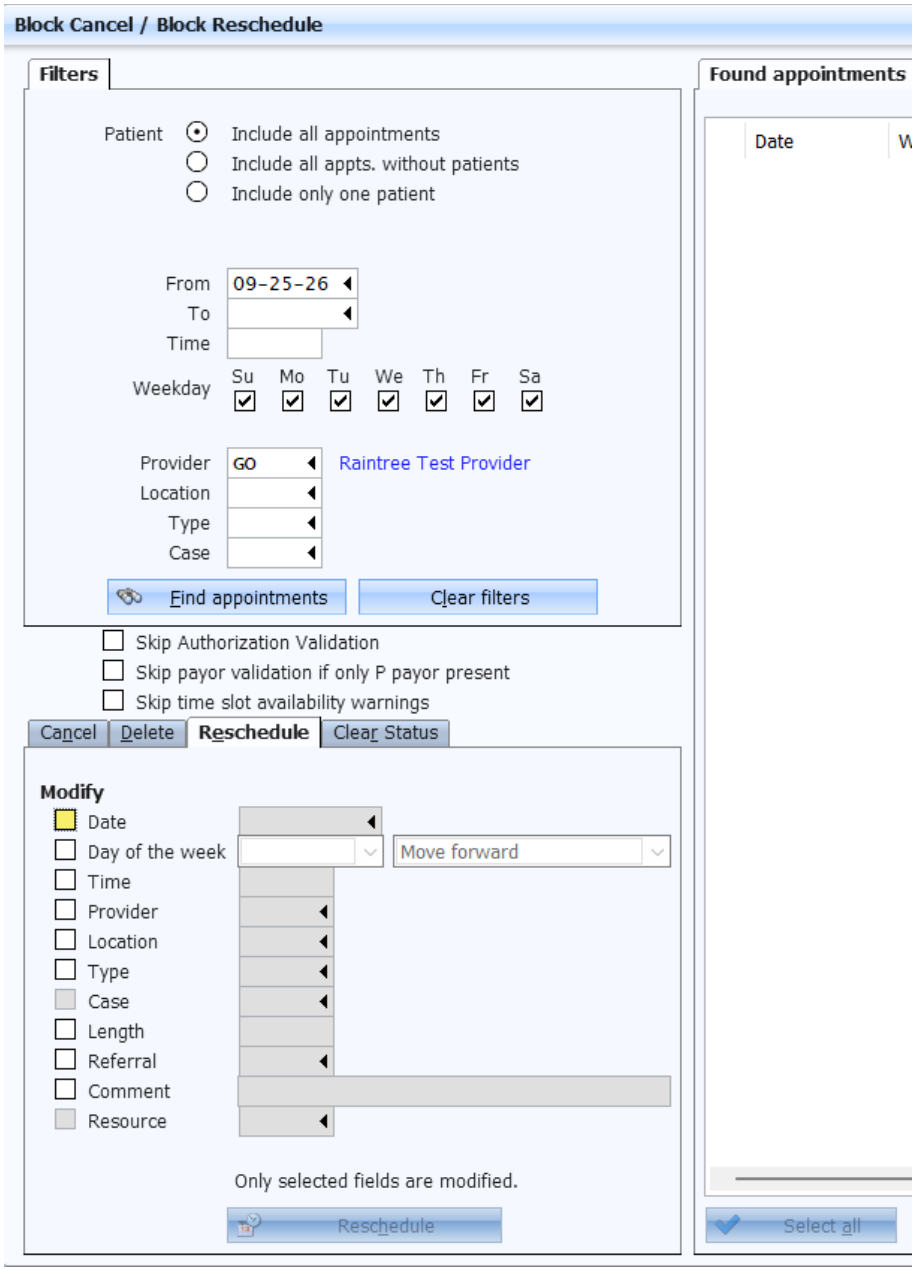
Knowledge - Block Book - Delete/Reschedule

Category: Front Office

Current State / Finding	Knowledge - Block Booking Tool
Business Objective / Future State	Front office staff can block book cancel/reschedule appointments for specific patients with specific appointment types.You can block book reschedule appointments to different days, times, provider, duration, and etc.
Requirement / Gap	NA
Raintree Recommendation	Review Block Booking Delete/Reschedule
Dependencies / Considerations	NA
Outstanding Questions	NA

Supporting Screenshot / Workflow Evidence





SME validation	☐ Configuration ☐ Change Management

	☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

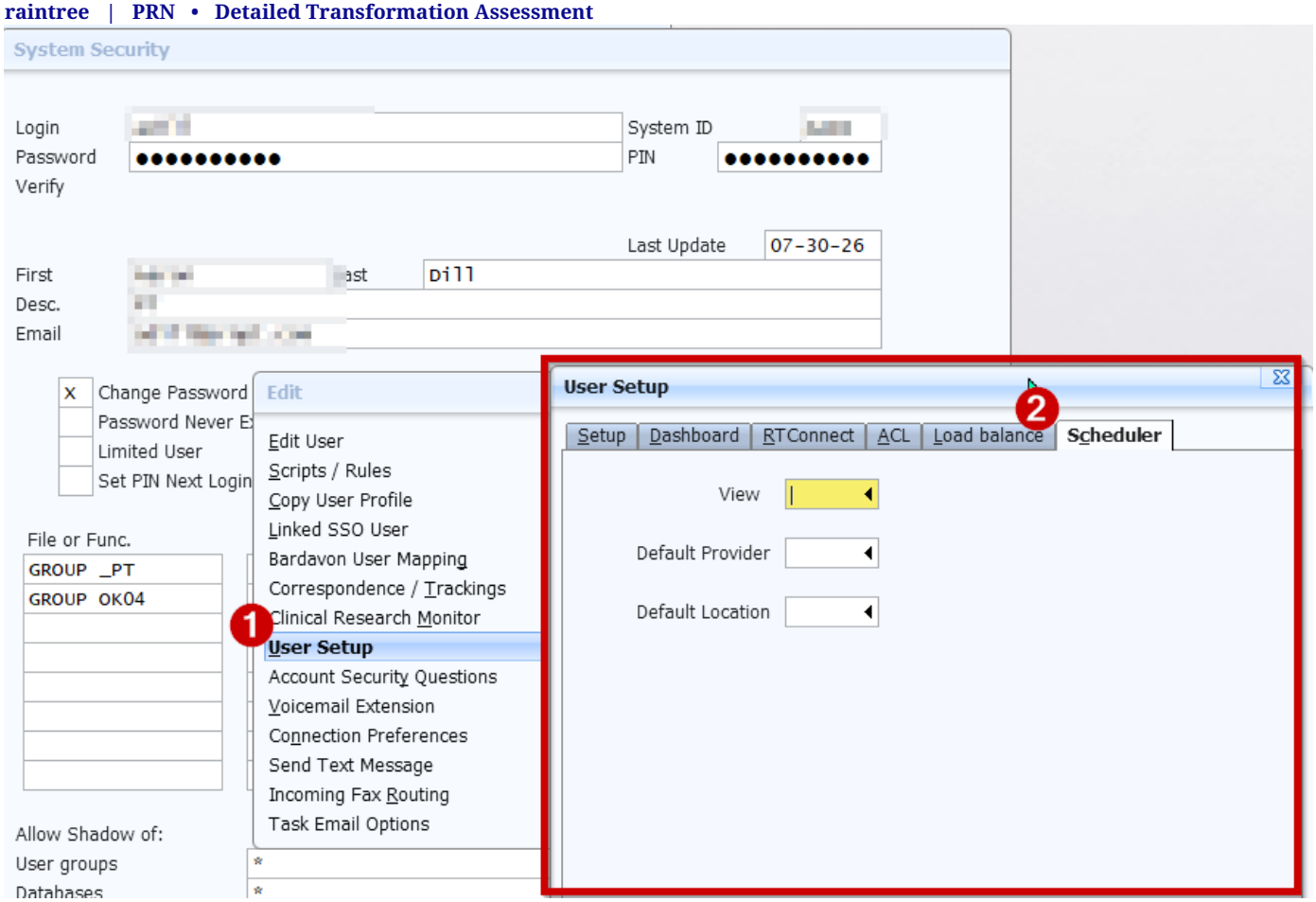
Front Office & Patient Access | Recommendation 23 of

Knowledge - Default Scheduler View

Category: Front Office

Current State / Finding	Knowledge - Default Scheduler View
Business Objective / Future State	Users/providers when they navigate to the schedule it opens directly to the view that they need to be in when scheduling or seeing patients.
Requirement / Gap	NA
Raintree Recommendation	Review User Default Scheduler View
Dependencies / Considerations	NA
Outstanding Questions	NA

Supporting Screenshot / Workflow Evidence



SME validation	☐ Configuration X Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Front Office & Patient Access | Recommendation 24 of

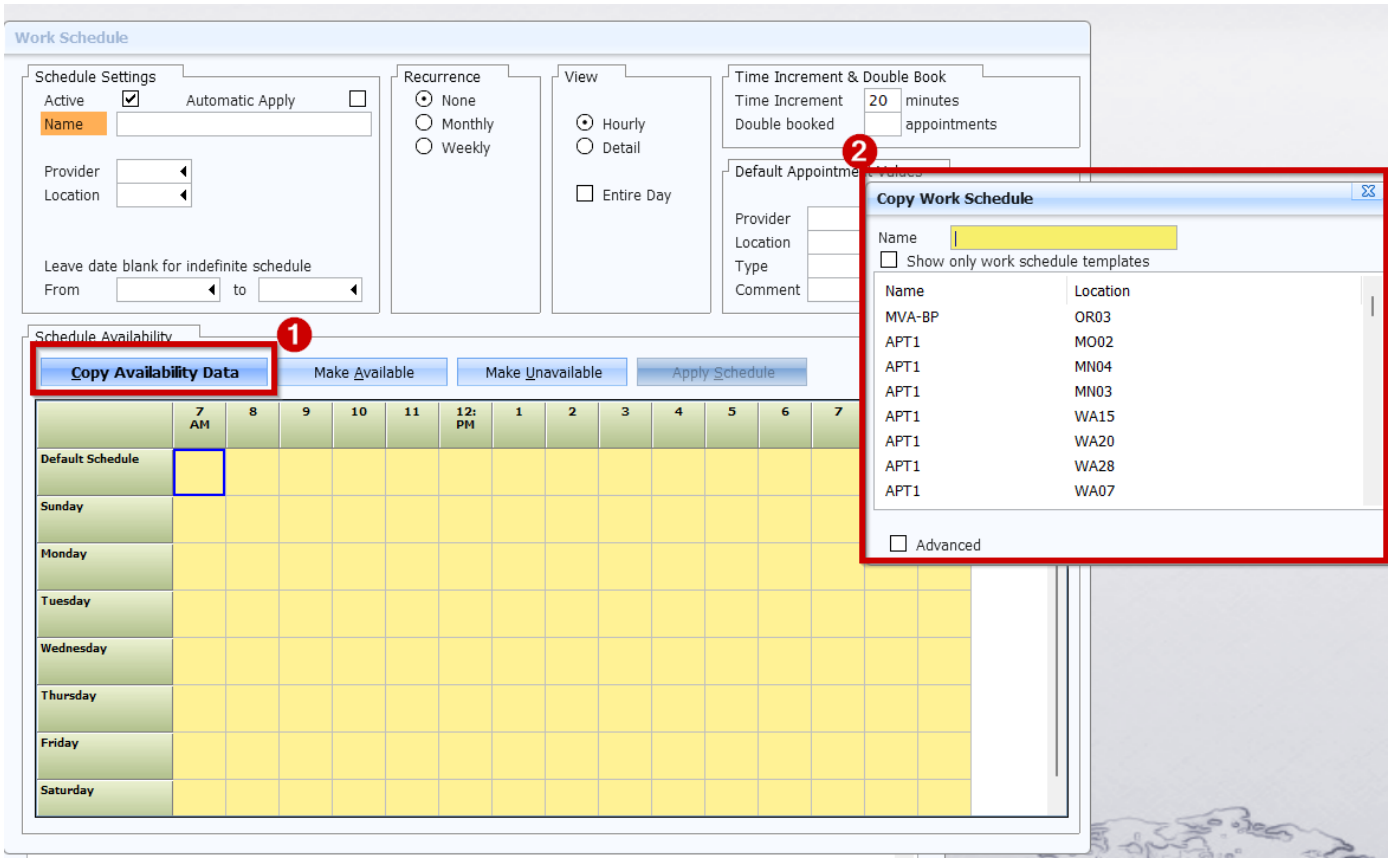
Knowledge - Work ScheduleTemplates - On Boarding Providers

Category: Front Office

Current State / Finding	Knowledge - Work ScheduleTemplates - On Boarding Provider
Business Objective / Future State	To save time during onboarding, you can copy a template work schedule directly to a new provider, eliminating the need to manually build their schedule each time.
Requirement / Gap	NA

Raintree Recommendation	Create a single provider template
Dependencies / Considerations	NA
Outstanding Questions	NA

Supporting Screenshot / Workflow Evidence



SME validation	**X** Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Front Office & Patient Access | Recommendation 25 of

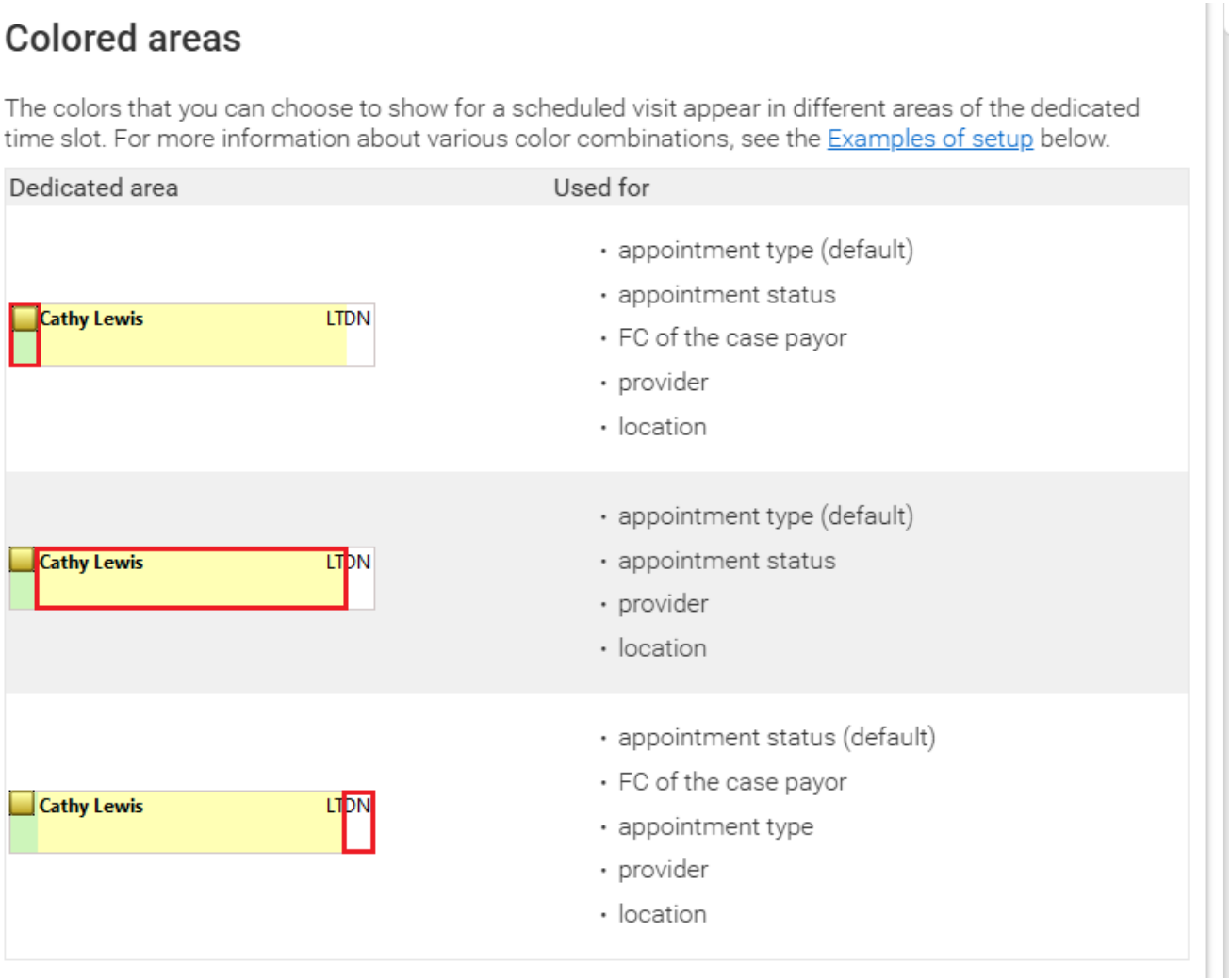
Knowledge - Appointment (Color Legend)

Category: Front Office

Current State / Finding	Knowledge of Colors on the Appointment
Business Objective / Future State	The front office quickly identifies which patients have

	a certain FC/Appt Type.
Requirement / Gap	NA
Raintree Recommendation	Review F1 for further coloring options. Ctrl + Q (Change Appointment Type Colors
Dependencies / Considerations	NA
Outstanding Questions	NA

Supporting Screenshot / Workflow Evidence



Colored areas

The colors that you can choose to show for a scheduled visit appear in different areas of the dedicated time slot. For more information about various color combinations, see the Examples of setup below.

Dedicated area	Used for
Cathy Lewis LTDN	• appointment type (default) • appointment status • FC of the case payor • provider • location
Cathy Lewis LTDN	• appointment type (default) • appointment status • provider • location
Cathy Lewis LTDN	• appointment status (default) • FC of the case payor • appointment type • provider • location

SME validation	☐ Configuration X Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Front Office & Patient Access | Recommendation 26 of

Knowledge - Appointment Recapture

Category: Front Office

Current State / Finding	Appointment Recapture - a useful feature of the cancellation or no-show messages which enables the patients to self-reschedule missed visits.
Business Objective / Future State	Maintain work schedule utilization
Requirement / Gap	Enable Recapture to allow patients to reschedule themselves to keep work schedule utilization up.
Raintree Recommendation	Review RTCONNECT Setup 6.
Dependencies / Considerations	NA
Outstanding Questions	NA

Supporting Screenshot / Workflow Evidence

SME validation	☐ Configuration X Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Front Office & Patient Access | Recommendation 27 of

RT Web - Scheduler

Category: Front Office

Current State / Finding	Knowledge - RT Web - Scheduler
Business Objective / Future State	Capability of easily navigating the schedule as Raintree Client.
Requirement / Gap	Client has a custom scheduler view that is hindering their use of RTWeb.
Raintree Recommendation	Review custom scheduler view and figure out why its not working (zoom in/zoom out)
Dependencies / Considerations	NA

Outstanding Questions	NA

Supporting Screenshot / Workflow Evidence

SME validation	X Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Front Office & Patient Access | Recommendation 28 of

Dashboard - RTConnect (Unread Notes/Messages)

Category: Front Office

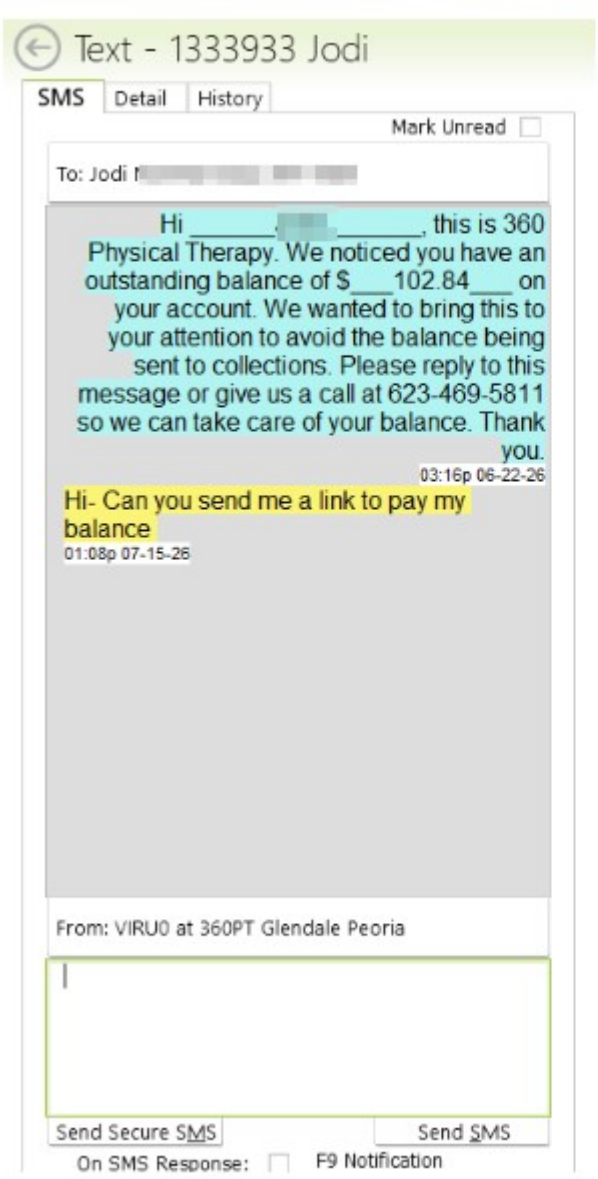
Current State / Finding	After reviewing we have found that the client is not cleaning up RTConnect (Unread Notes/Messages)
Business Objective / Future State	Once users have reviewed/responded to patients they should mark the message as read.
Requirement / Gap	Users are not marking messages as read which then are staying as unread which shows as of 9/25/26 (5365 Unread Messages). Users at some locations are also not responding to Patient questions.
Raintree Recommendation	Review the Unread messages tab in the RTConnect Tab of the Dashboard and also respond to patient messages. Mark Messages as Read after reading messages that dont need responding to.
Dependencies / Considerations	NA
Outstanding Questions	NA

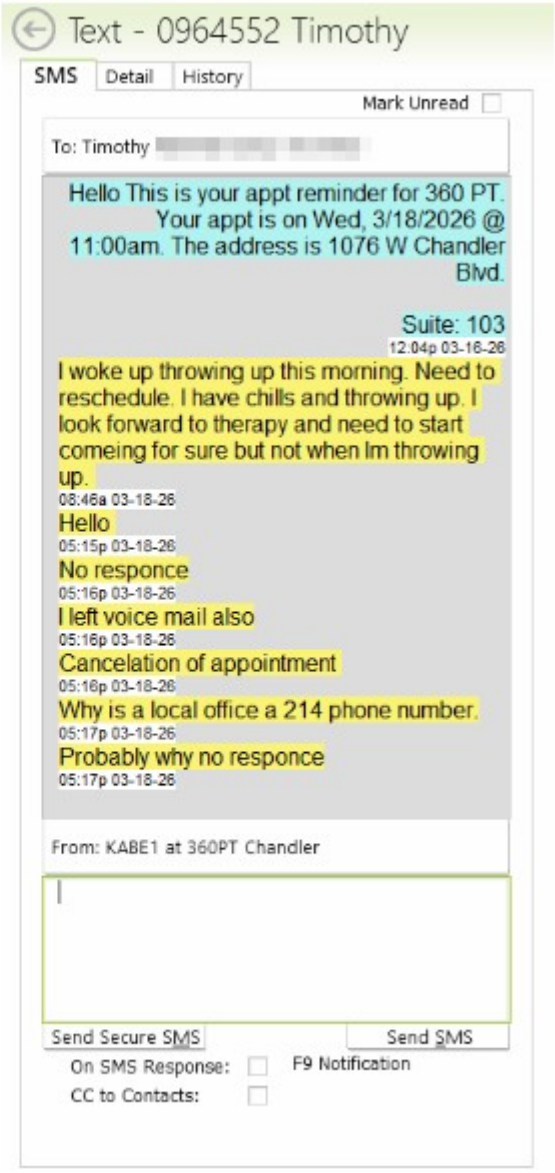
Supporting Screenshot / Workflow Evidence

Notes for Patient

Page 162 of 162
Physical Rehabilitation Network
09-25-2026, 10:52a

Patient Name	Date	Time	Description		Summary
[redacted]	06-13-18	11:16a	Notes/Calls	Thank you	
[redacted]	06-13-18	08:17a	Notes/Calls	'C'	
[redacted]	06-12-18	06:10p	Notes/Calls	You're welcome	
Count: 5365					





SME validation	X Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Front Office & Patient Access | Recommendation 29 of

First Come First Serve Waitlist

Category: Front Office

Current State / Finding	After reviewing we have found that the client is not fully utilizing First Come First Serve Waitlist

Business Objective / Future State	Increase schedule utilization
Requirement / Gap	When an opening occurs on the schedule, you can quickly fill the gap by inviting waitlisted patients whose availability matches the open time slot.
Raintree Recommendation	Review First Come First Serve Waitlist
Dependencies / Considerations	NA
Outstanding Questions	NA

Supporting Screenshot / Workflow Evidence

SME validation	X Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

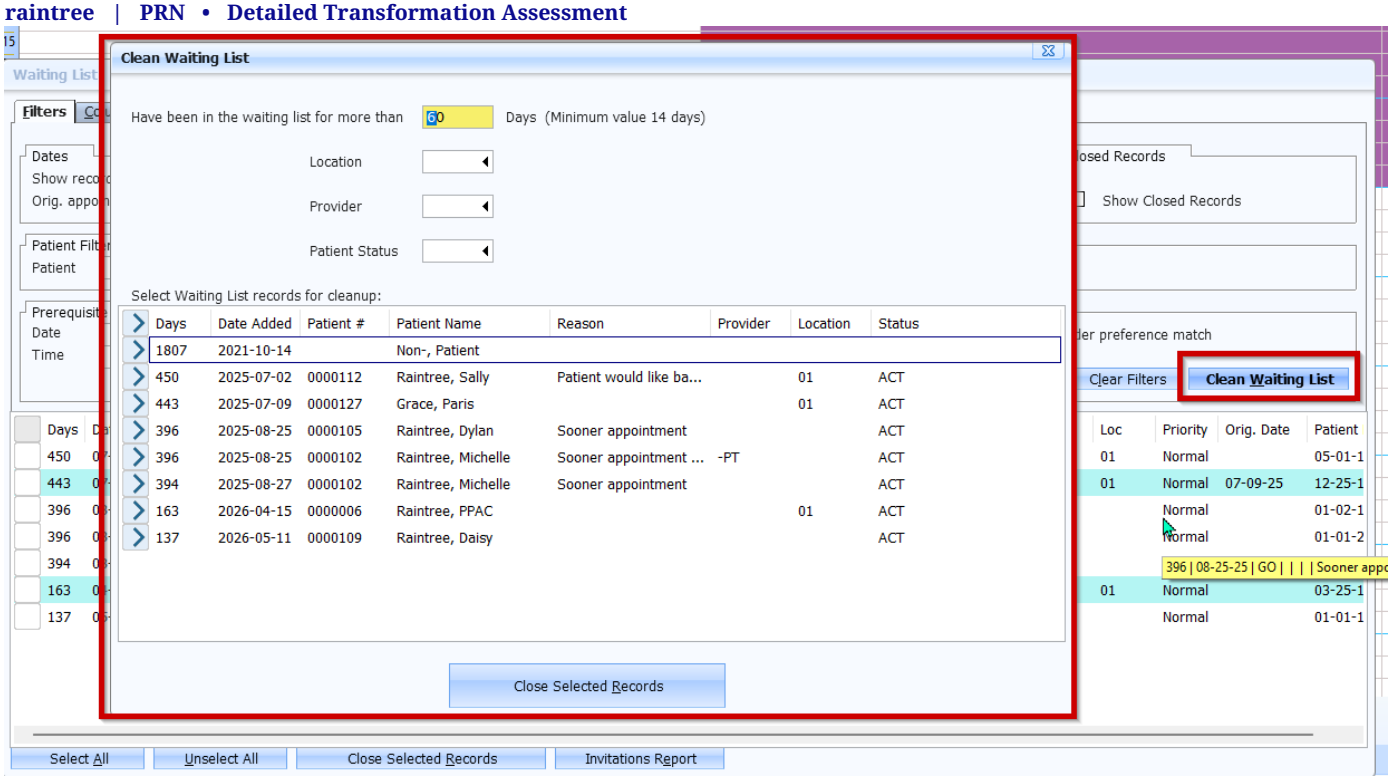
Front Office & Patient Access | Recommendation 30 of

Waitlist Clean up

Category: Front Office

Current State / Finding	After reviewing we have found that there are still patients currently on the waitlist since 4/2025.
Business Objective / Future State	Monthly or Quarterly Waitlist Clean up to be able to provide appointments to patients who are waiting.
Requirement / Gap	Help front office staff manage patients on the waitlist
Raintree Recommendation	Security Right Needed for “Clean Waiting List” - W_CLEANUP=E
Dependencies / Considerations	NA
Outstanding Questions	NA

Supporting Screenshot / Workflow Evidence



SME validation	☐ Configuration X Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Front Office & Patient Access | Recommendation 31 of

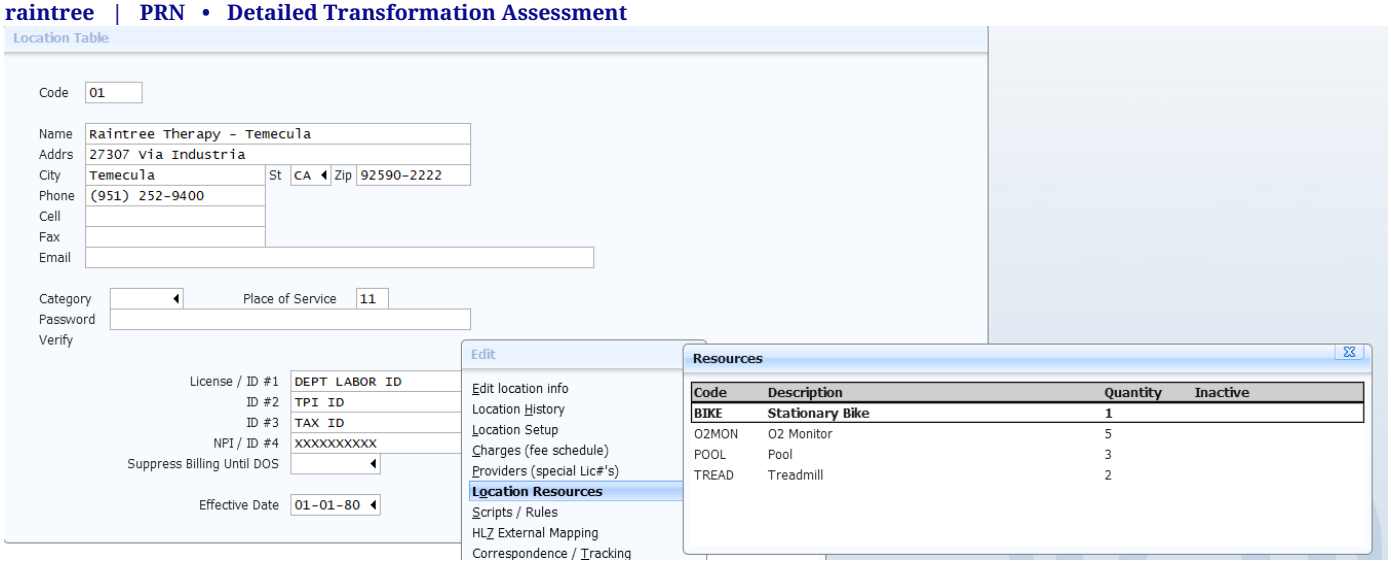
Location Resources

Category: Front Office

Current State / Finding	Front office staff are not utilizing resources to help with treatment room usage. Ie. Pelvic Floor.
Business Objective / Future State	You can also book resources when you add a new appointment. This includes reserving a room, one place at a larger room that fits many people, equipment, and so on.
Requirement / Gap	Enable Resources by location to help clinicians manage their patients when utilizing certain rooms/equipment
Raintree Recommendation	
Dependencies / Considerations	NA

Outstanding Questions	NA

Supporting Screenshot / Workflow Evidence



SME validation	X Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

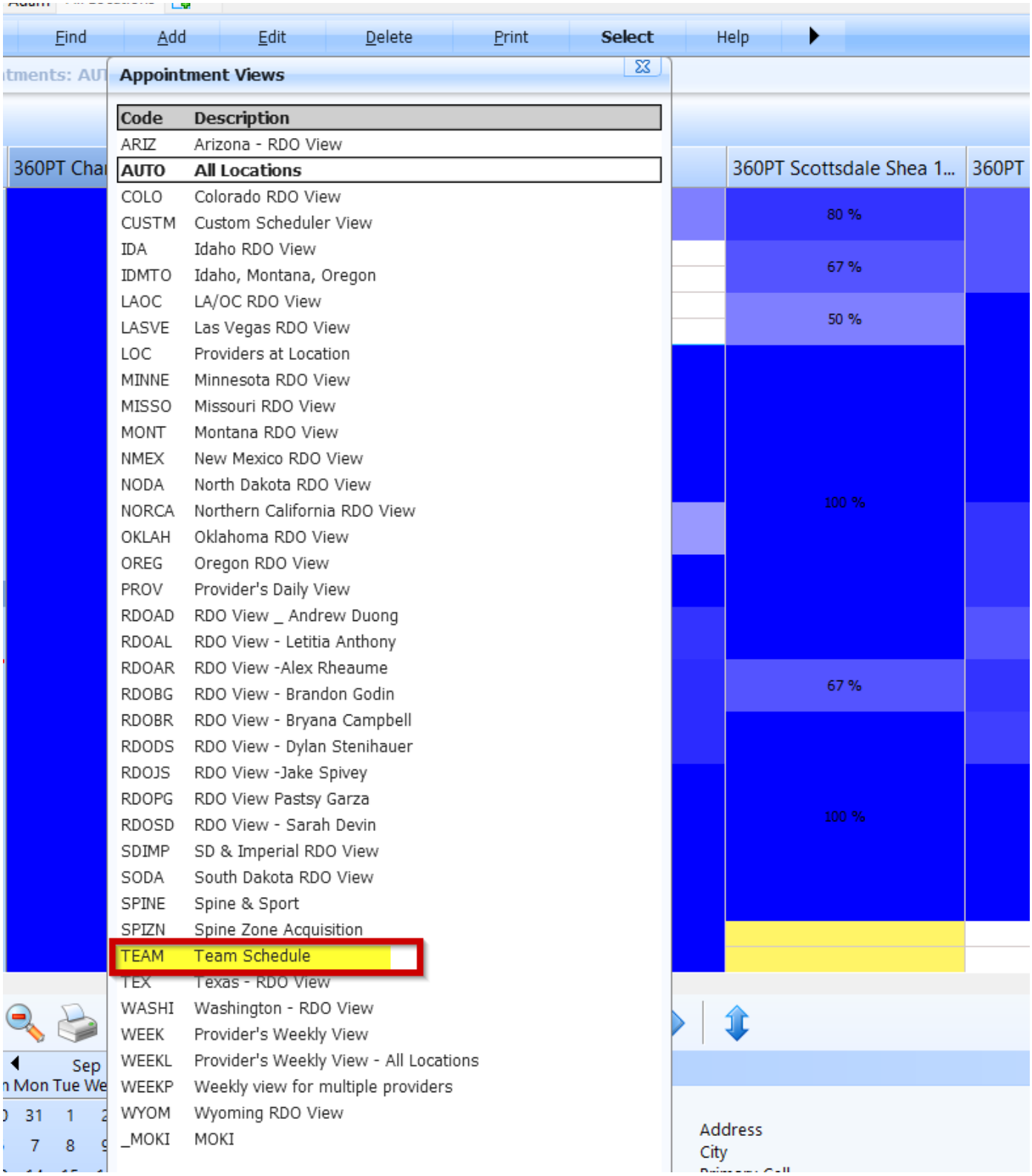
Front Office & Patient Access | Recommendation 32 of

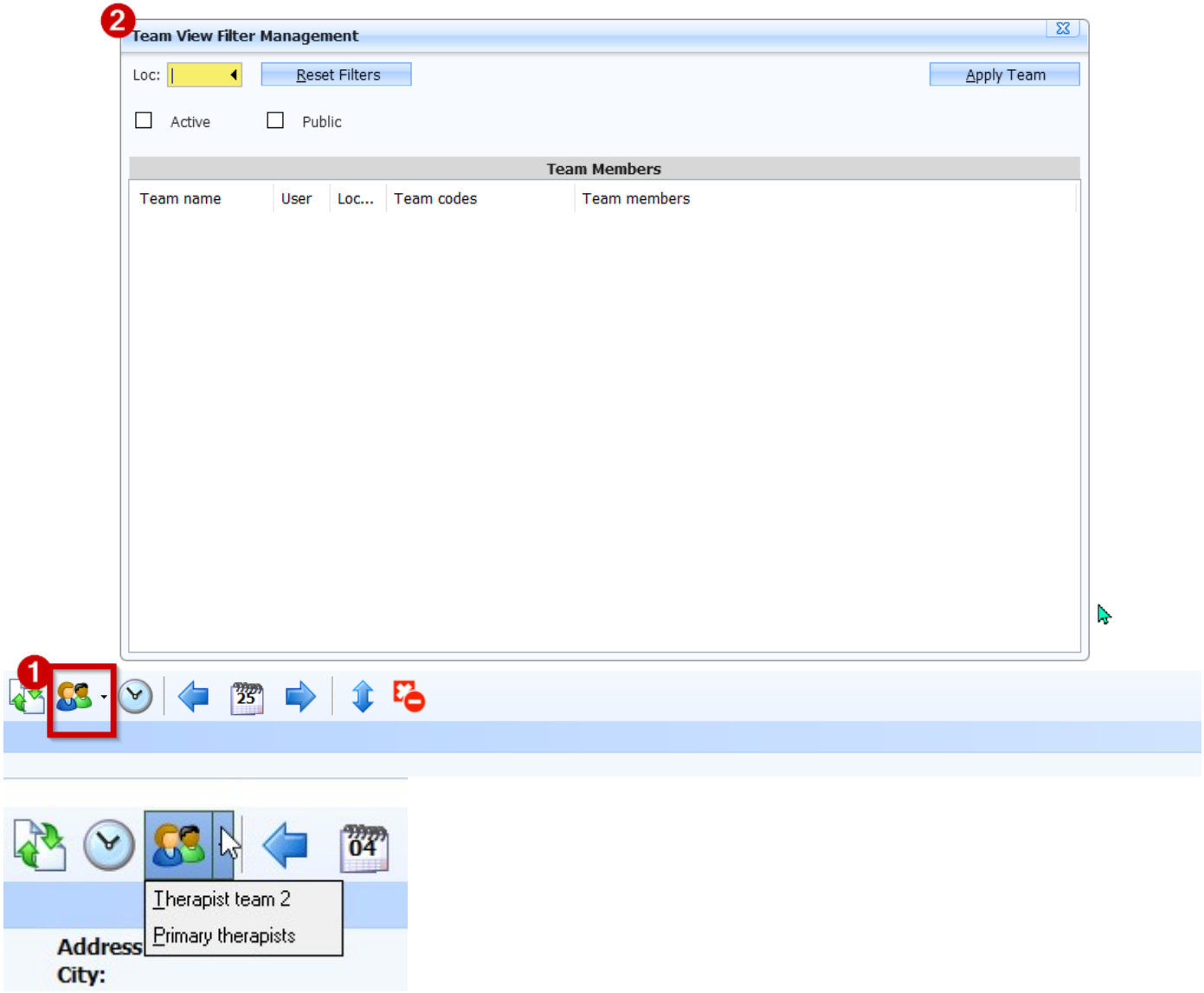
Team Scheduler/View

Category: Front Office

Current State / Finding	Client is not utilizing Team Views. Team views are a way to filter Clinic View and All Clinics dashboard tabs or the TEAM appointment view based on multiple users that belong to one team.
Business Objective / Future State	Give the front office staff an easy way to pull in different teams from different locations.
Requirement / Gap	Enable to help schedulers quickly schedule patients
Raintree Recommendation	Review and enable Team Schedules/View Security Rights needed: TEAMVIEW = FAEDV TEAMOFOTHERS=FAEDV
Dependencies / Considerations	NA
Outstanding Questions	NA

Supporting Screenshot / Workflow Evidence





SME validation	X Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Front Office & Patient Access | Recommendation 33 of

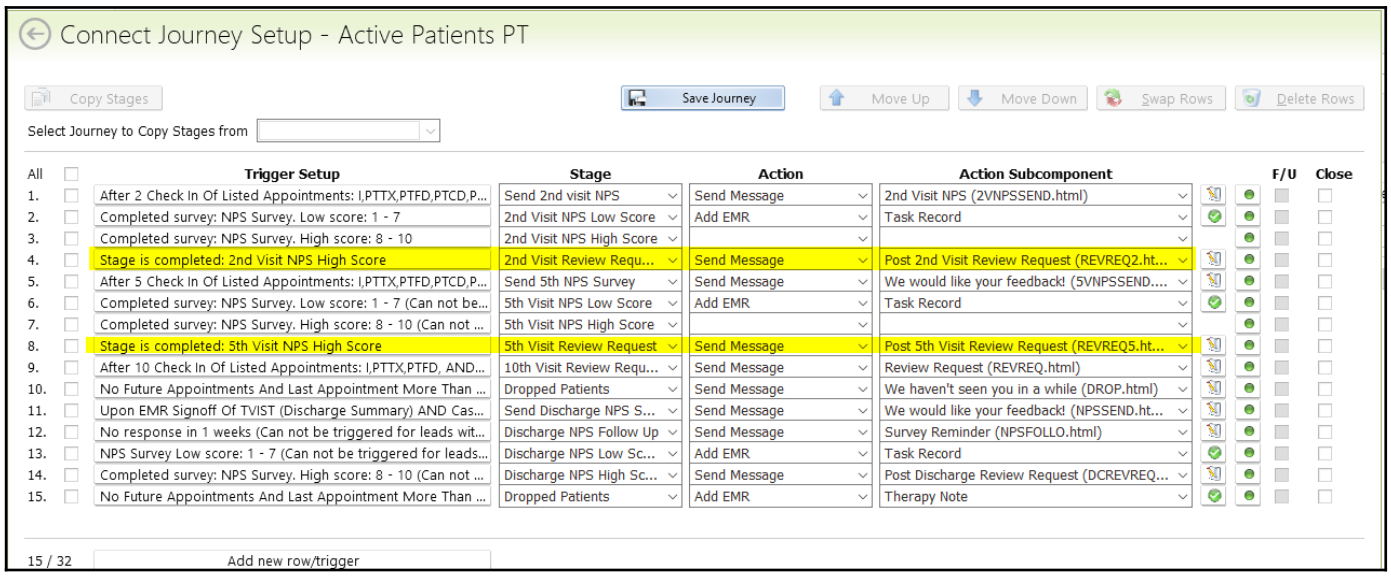
NPS Survey - HIgh score - Review

Category: Front Office

Current State / Finding	Currently there is an additional stage in the Active Patients journey which is sending out another email to

	the patient after they provide a high NPS score, requesting them to leave a review in social media. This is not necessary as the second they leave a high score they are directed to a landing page automatically asking them to leave a high score.
Business Objective / Future State	Remove the unnecessary second step asking patients to leave a review
Requirement / Gap	None. Just needs a configuration change
Raintree Recommendation	Just a configuration change to remove the Review stage after the NPS high score stage and test that the high score stage itself directs the patient to leave a review. Stages 4 and 8 highlighted in the screenshot are not needed as Stages 3 and 7 already take care of that.
Dependencies / Considerations	
Outstanding Questions	

Supporting Screenshot / Workflow Evidence



SME validation	☐ Configuration X Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

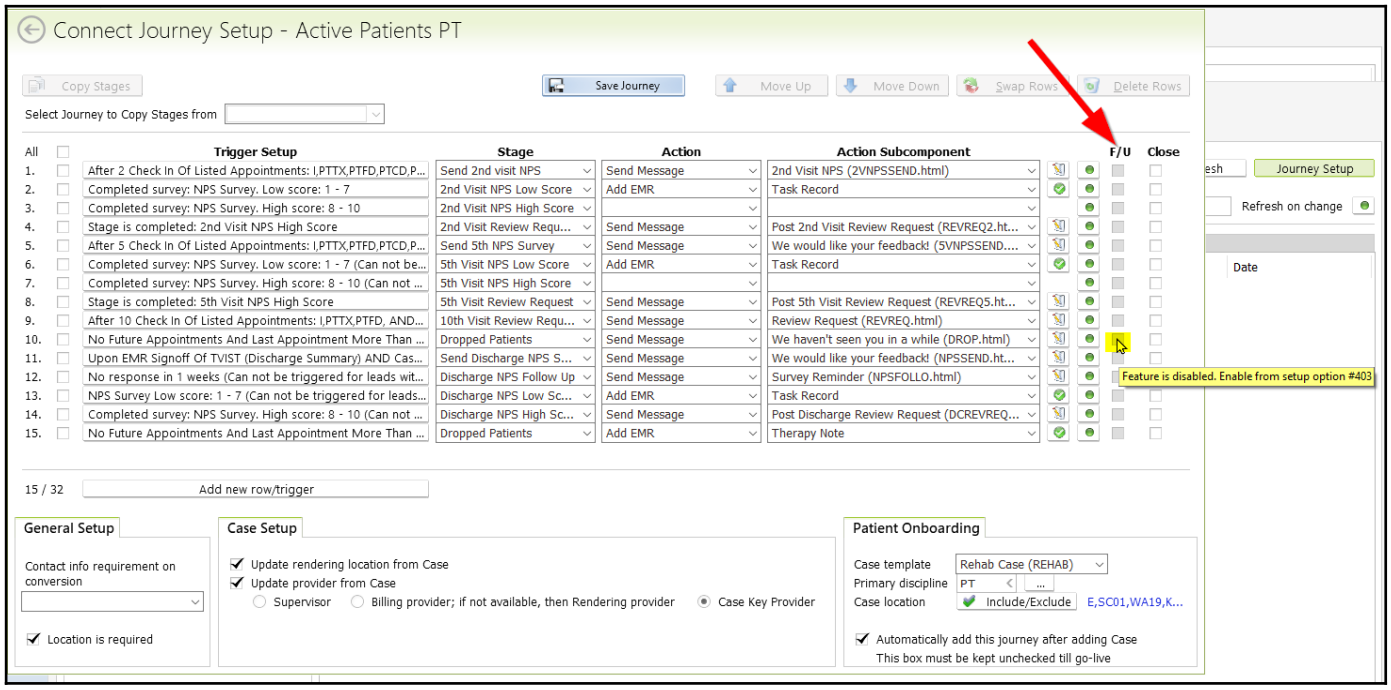
Front Office & Patient Access | Recommendation 34 of

Journey - Follow up actions

Category: Front Office

Current State / Finding	Follow up Actions option isnt being utilized.
Business Objective / Future State	When a patient communication fails due to the patient's email or phone number changing or any other reason, users can get notified of that via a task so that they can follow up promptly.
Requirement / Gap	None. Just needs a configuration change
Raintree Recommendation	Enable Setup option 403 in Connect Campaigns and Journeys set up to allow for Follow up Actions. Designate a user group who will get these notifications and then set up that notification for any stage that has a "Send Message" action in a Journey
Dependencies / Considerations	
Outstanding Questions	

Supporting Screenshot / Workflow Evidence



SME validation	☐ Configuration X Change Management

	☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Front Office & Patient Access | Recommendation 35 of

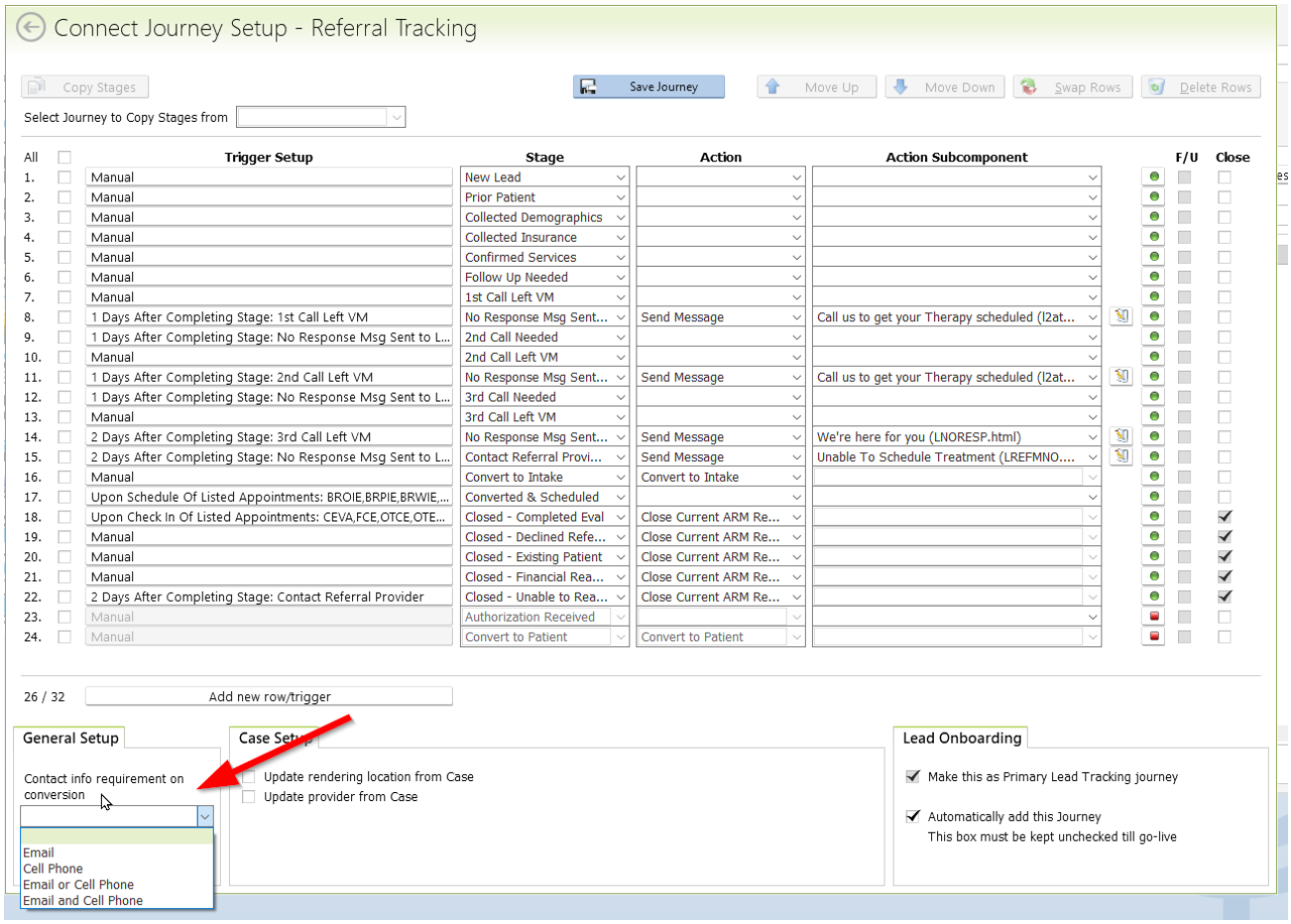
Lead Journey - Email or Cell Requirement

Category: Front Office

Current State / Finding	Currently neither email nor Phone is required in the Lead tracking journey which could result in leads being entered without any contact info, which would hinder follow up with those leads
Business Objective / Future State	Have at least one way of communicating with the lead (preferably email)
Requirement / Gap	N/A. Just needs a Configuration change
Raintree Recommendation	Use the set up option in the Journey setup to make either email required or the option of “Email OR Cell” required in which case it will enforce that at least one of those 2 need to be populated. We’re recommending email because automatic messaging for leads can be done only via email initially till the patient’s consent to communicate via text is received.
Dependencies / Considerations	

Outstanding Questions

Supporting Screenshot / Workflow Evidence



SME validation	☐ Configuration X Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

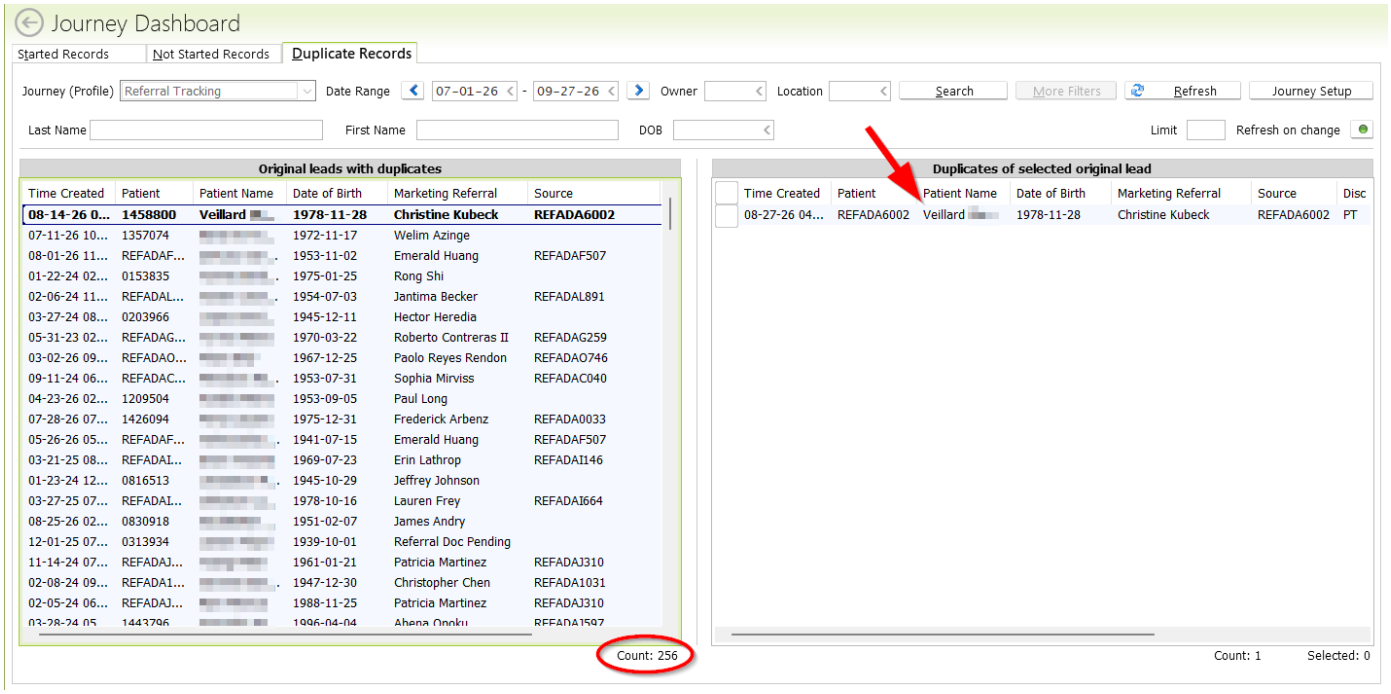
Front Office & Patient Access | Recommendation 36 of

Lead Journey - Duplicate Records Handling

Category: Front Office

Current State / Finding	Duplicate Patients are probably not being handled or are being handled on an individual occurrence basis which results in accumulation of duplicates
Business Objective / Future State	Handle Duplicate leads using the Duplicates tab feature that Raintree released last quarter.
Requirement / Gap	None.
Raintree Recommendation	Front office to regularly review the Duplicate tab (3rd tab) in Lead Journey Dashboard where you can click on the original lead/patient on the left side which will bring up the duplicate(s) on the right and you can handle those accordingly.
Dependencies / Considerations	If PRN team needs any training on this, that would need to be scheduled but it should be self explanatory.
Outstanding Questions	

Supporting Screenshot / Workflow Evidence



SME validation	☐ Configuration X Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

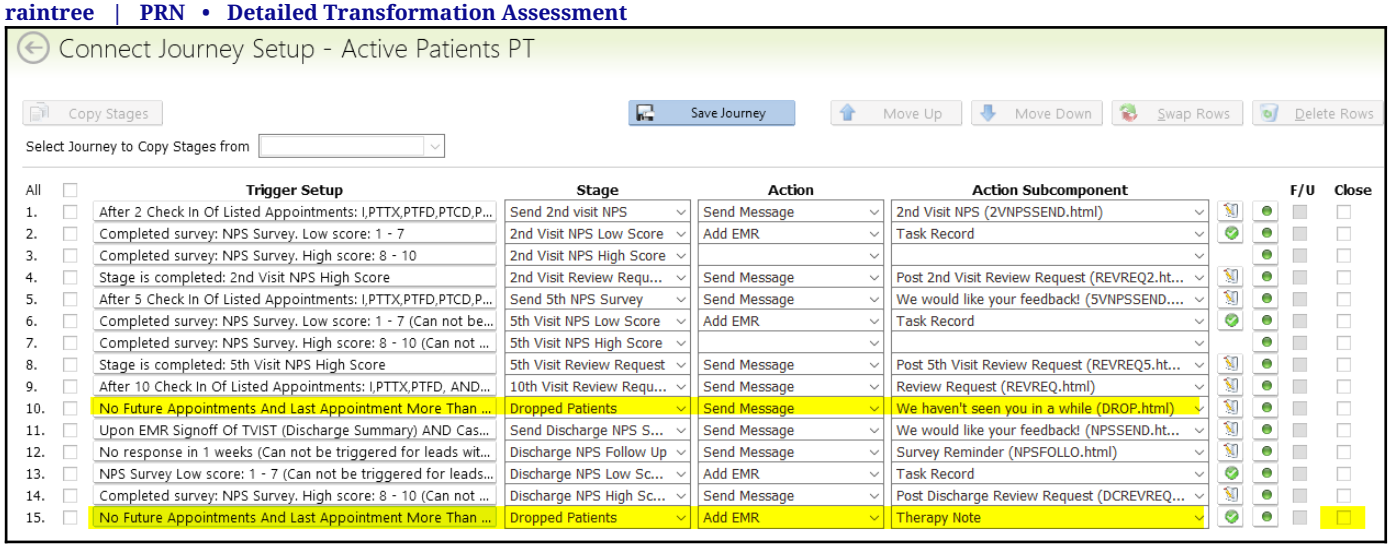
Front Office & Patient Access | Recommendation 37 of

Dropped Patients - Handling

Category: Front Office

Current State / Finding	2 of the 3 Dropped Patient stages are being utilized. There is another Dropped patient stage that could be setup to optimized Dropped Patients Handling. Currently a message is sent to the patient 10 days after the last appt when there is no future appointment. And 60 days after last appointment a discharge note is automatically created and assigned to the provider.
Business Objective / Future State	Add an additional stage for optimized Dropped patient follow up and increase recapture of dropped patients.
Requirement / Gap	None. Just configuration change needed
Raintree Recommendation	Add a stage in between these 2 dropped patients stages at 30 days after last appointment to auto create task for a front desk user to follow up with a patient before going to the last stage of no visit discharge in 60 days
Dependencies / Considerations	
Outstanding Questions	

Supporting Screenshot / Workflow Evidence



SME validation	☐ Configuration X Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Front Office & Patient Access | Recommendation 38 of

Healthcare Exemption

Category: Front Office

Current State / Finding	
Business Objective / Future State	
Requirement / Gap	
Raintree Recommendation	

Dependencies / Considerations	
Outstanding Questions	

Supporting Screenshot / Workflow Evidence

SME validation	☐ Configuration X Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Sales, Marketing & Patient Engagement

9 pre-built items from the Internal Master. Validate the customer-facing language and supporting evidence before final delivery.

Sales, Marketing & Patient Engagement | Recommendation 1 of 9

Journeys

Category: Sales & Marketing

Current State / Finding	**SME TO COMPLETE / VALIDATE**
Business Objective / Future State	**SME TO COMPLETE / VALIDATE**
Requirement / Gap	**SME TO COMPLETE / VALIDATE**
Raintree Recommendation	The new lead to patient conversion report in BI allows users to look at all leads by lead creation date and can be view by Location category/Region.
Dependencies / Considerations	**SME TO COMPLETE / VALIDATE**
Outstanding Questions	issues with pulling lead start date, unable to pull by region only by clinic, unable to look at referrals as a whole. BI Lead to Patient conversion report provides a look at all leads that are converted and can be viewed by Region.

Supporting Screenshot / Workflow Evidence

[INSERT SCREENSHOT / WORKFLOW IMAGE HERE]

Use the screenshot to visually support the recommendation and show the applicable Raintree workflow/configuration.

SME validation	☐ Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Sales, Marketing & Patient Engagement | Recommendation 2 of 9

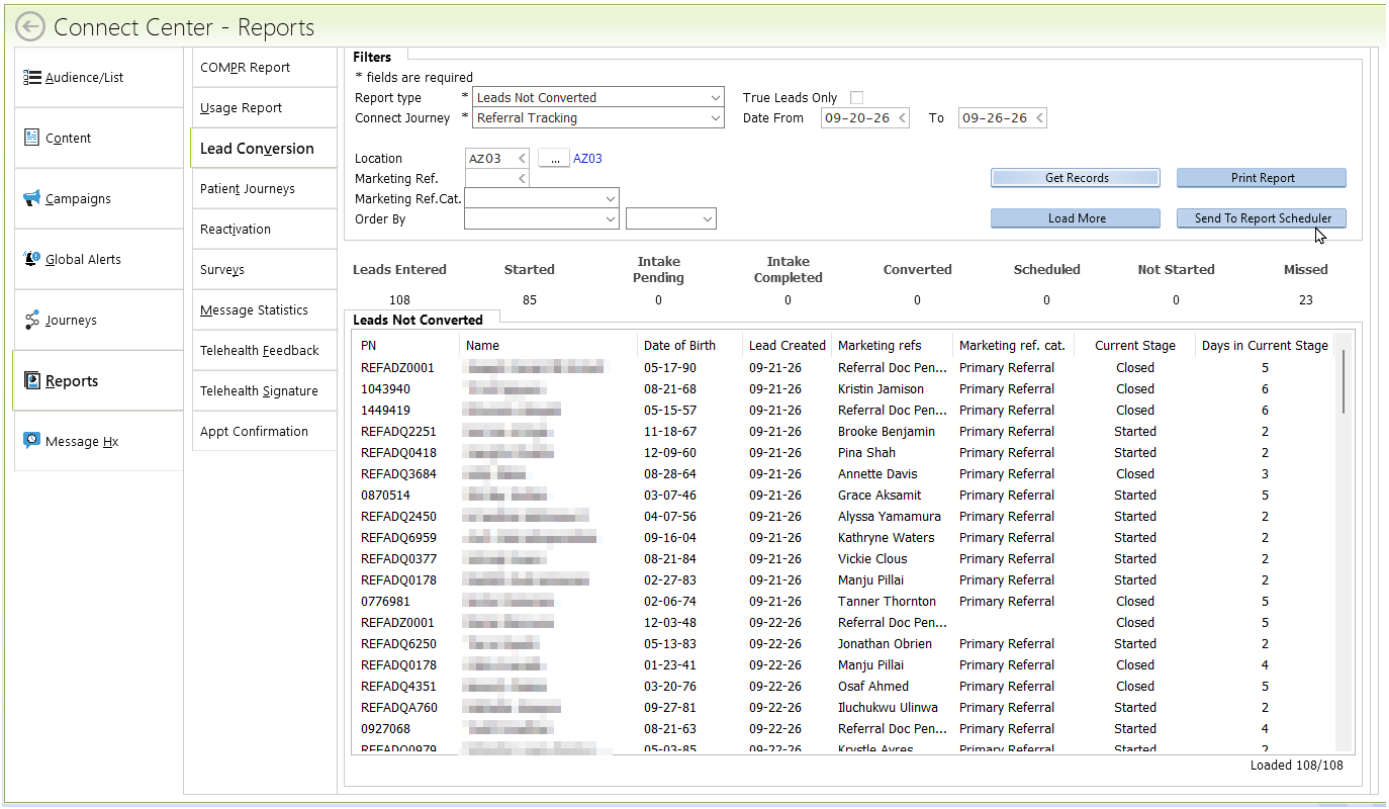
Non Converted records by Clinic

Category: Sales & Marketing

Current State / Finding	**SME TO COMPLETE / VALIDATE**
Business Objective / Future State	**SME TO COMPLETE / VALIDATE**
Requirement / Gap	**SME TO COMPLETE / VALIDATE**
Raintree Recommendation	**SME TO COMPLETE / VALIDATE**

Dependencies / Considerations	
Outstanding Questions	indhu confirms we can do this, and we will show this later in meeting, pain point with lead start date does not include fin class, referral source or a clinic code. so if jacob tries to pull lead start date for a state, the lead conversion report under connect, jacob would like to add fields to that report to pull all the data at once bc the current report doesn't give him a full picture of what he needs . Jacob is pulling from RT not BI.

Supporting Screenshot / Workflow Evidence



SME validation	☐ Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Sales, Marketing & Patient Engagement | Recommendation 3 of 9

BI Reporting Questions/Availability

Category: Sales & Marketing

Current State / Finding	PRN unsure of all the BI reports available to them
PRN	PRN would like a index of BI standard reports

Requirement / Gap	PRN Knowledge gap
Raintree Recommendation	Training of the PRN team to understand current BI reporting and Dashboards available to the PRN team. Plus, Business Intelligence Dashboard Catalog attached
Dependencies / Considerations	PRN team using many different non standard reports or dashboards
Outstanding Questions	Not at this time

Supporting Screenshot / Workflow Evidence

Raintree Business Intelligence.pdf

SME validation	☐ Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

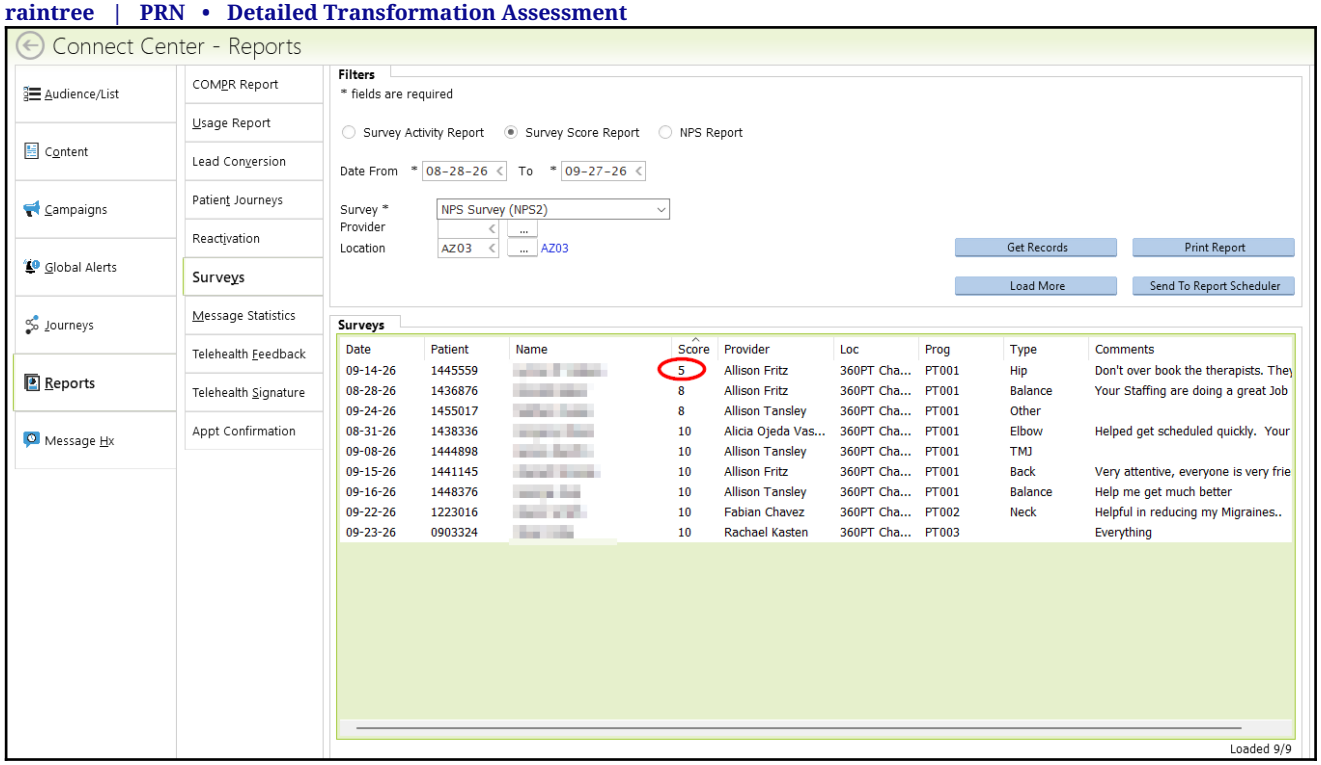
Sales, Marketing & Patient Engagement | Recommendation 4 of 9

NPS

Category: Sales & Marketing

Current State / Finding	No notifications for CDs or providers on low NPS score.
Business Objective / Future State	Make providers and CDs aware of low NPS Scores
Requirement / Gap	Task option is available but not preferred. NPW report is available but has both low and high scores. Need an NPS Low Score only report by location and Provider.
Raintree Recommendation	PRN team can use the NPS report with high and low scores to begin with (screenshot below) and sort in ascending order to see just low scores and can also have this scheduled to go out to CDs on a weekly or daily basis.
Dependencies / Considerations	There are task options but that was not the preferred option so Raintree recommendation is to skip the task option and have a report go out on a weekly basis to let them know of low scores let the RDO or CD speak to the teams
Outstanding Questions	

Supporting Screenshot / Workflow Evidence



SME validation	☐ Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Sales, Marketing & Patient Engagement | Recommendation 5 of 9

Email Outreach

Category: Sales & Marketing

Current State / Finding	PRN team needs training on email set up options for campaigns
Business Objective / Future State	Be able to set up content for emails and text messages to be sent via campaigns
Requirement / Gap	None - Configuration and training needed
Raintree Recommendation	PRN team can either build the content using external tools like Hubspot and import the html file in to Raintree or they can use the WYSIWYG editor to build the content within Raintree.
Dependencies / Considerations	PRN wants a working session specific to email set up options and tracking/metrics they can see on this - ACTION ITEM
Outstanding Questions	Brian Rog wants to better understand the features of the email outreach (ARM tool) and what types of campaigns they can utilize? -- indhu provided explanation (30 min mark) of options they have utilizing custom services -- Indhu saying they also have option of building outside of RT like in HubSpot - see Elvia notes 33 min mark -- Brian Rog wants a better understanding to have visibility into the metrics for emails like open rate etc

Supporting Screenshot / Workflow Evidence

SME validation	☐ Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Sales, Marketing & Patient Engagement | Recommendation 6 of 9

Patient Consent & Campaigns

Category: Sales & Marketing

Current State / Finding	**SME TO COMPLETE / VALIDATE**
Business Objective / Future State	**SME TO COMPLETE / VALIDATE**
Requirement / Gap	**SME TO COMPLETE / VALIDATE**
Raintree Recommendation	**SME TO COMPLETE / VALIDATE**
Dependencies / Considerations	**SME TO COMPLETE / VALIDATE**
Outstanding Questions	Indhu brining up the healthcare exemption reg change - and impact on patient consent -- and that pt will need to opt in to these comms --- PRN is using a form to have pts choose do they want electronic statements, electronic communication and how pt checks off what they want

Supporting Screenshot / Workflow Evidence

[INSERT SCREENSHOT / WORKFLOW IMAGE HERE]

Use the screenshot to visually support the recommendation and show the applicable Raintree workflow/configuration.

SME validation	☐ Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Sales, Marketing & Patient Engagement | Recommendation 7 of 9

Lead to Patient Conversion report

Category: Sales & Marketing

Current State / Finding	**SME TO COMPLETE / VALIDATE**
Business Objective / Future State	**SME TO COMPLETE / VALIDATE**
Requirement / Gap	N/A. New report delivered in August

Raintree Recommendation	**SME TO COMPLETE / VALIDATE**
Dependencies / Considerations	**SME TO COMPLETE / VALIDATE**
Outstanding Questions	Jacob wants clarity on leads completed -- what is the leads completed based off of? Indhu said this is actually something to ignore as this is looking at record closing (some statuses will close automatically like pt scheduled) Indhu said look at Lead Started, Not Started, Jacob asking for clarity on lead not started, what constitutes this, indhu answered this on call. What to work in logic on their regional breakdowns to have these views in the Connect dashboard -- Indhu saying we'd have to add location category or you can look at by region by setting up a broadcast report to have it sent to who they want, but locaiton category is not a filter in that report today. indhu showing how you can select multiple locations in the filter to show jacob the details **Lead to Patient Conversion report with logic based on Evaluation scheduled and additional filters such as Location category filter and Financial Class, and additional columns such as Kept appointments, Cancel and No Shows metrics was provided on 8/31. PRN team can request access from Matt N as needed**

Supporting Screenshot / Workflow Evidence

[INSERT SCREENSHOT / WORKFLOW IMAGE HERE]

Use the screenshot to visually support the recommendation and show the applicable Raintree workflow/configuration.

SME validation	☐ Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Sales, Marketing & Patient Engagement | Recommendation 8 of 9

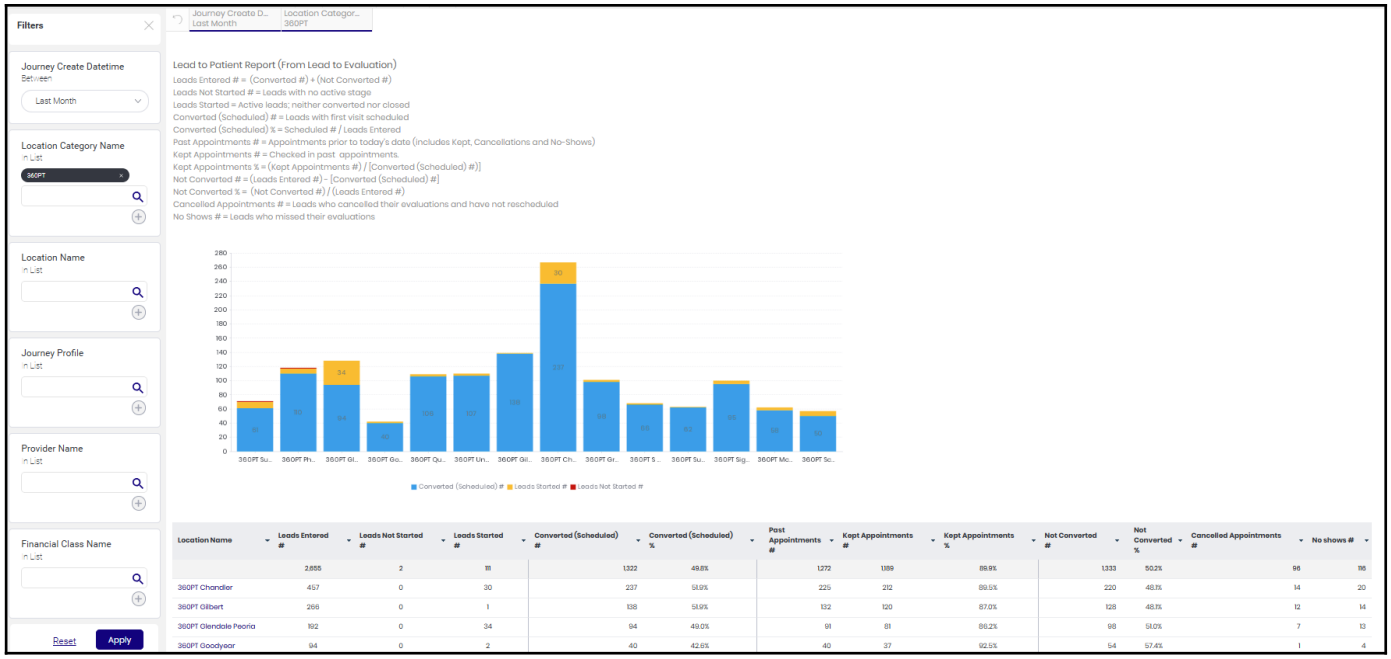
Custom Report (Lead to Patient Conversion) - Delivered

Category: Sales & Marketing

Current State / Finding	**SME TO COMPLETE / VALIDATE**
Business Objective / Future State	**SME TO COMPLETE / VALIDATE**
Requirement / Gap	**SME TO COMPLETE / VALIDATE**
Raintree Recommendation	**SME TO COMPLETE / VALIDATE**
Dependencies / Considerations	BI report lives in Connect dashboard, lead to patient conversion, report, PRN not aware that they had access to this; PRN team did not realize they needed to ask Matt for this access . the standard report shows the date they were converted to a patient, but the true conversion is them actually coming in sched as a patient, so Indhu is working on a report of when the evaluation was

	actually scheduled (this change will also eventually come w/ standard report) indhu is hoping to have this report for PRN done by 8/17 - 8/18 -- this report will show if a pt who was scheduled ACTUALLY attending their evaluation action item - Indhu to add columns to the report
Outstanding Questions	We reviewed this, Indhu shared her screen, walked through report features, est delivery will be early next week, 8/18 - 53 minute mark some questions from Jacob that Indhu will look into -- Kim is asking if we could add the no show/cancellation to this report? Indhu is saying maybe at TC she can try to work on adding Location Category, No Show, as separate columns **Lead to Patient Conversion report with logic based on Evaluation scheduled and additional filters such as Location category filter and Financial Class, and additional columns such as Kept appointments, Cancel and No Shows metrics was provided on 8/31. PRN team can request access from Matt N as needed**

Supporting Screenshot / Workflow Evidence



SME validation	☐ Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Sales, Marketing & Patient Engagement | Recommendation 9 of 9

Salesforce - Currently doing a Manual Upload- Interested in API Connection

Category: Sales & Marketing

Current State / Finding	No Integration exists with PRN's Salesforce instance
Business Objective / Future State	PRN expressed interest in integrating Salesforce with Raintree
Requirement / Gap	None. Standard APIs should cover what this integration needs
Raintree Recommendation	PRN's dev team to try out the integration in Raintree Developer portal/Sandbox
Dependencies / Considerations	Action items - Kim and team going to get together internally and decide what they want to pull over-- Indhu outlying if there is an external consultant we need them to sign Gateways T&C form and then connect Kim and Kevin -- set up a meeting - Colleen Action Item
Outstanding Questions	Kim says in the past they talked about connecting to SF w/ API (she spoke to RT about this maybe a year ago?) she is interested in possible API connection with SF. Kim said they are looking to similar data points that are in Indhu's custom report. Kim wants to know if possible? Gateways could meet this need Indhu thinks - have Salesforce connect via Gateways and let the consultants/developers look to see if the standard APIs meet their needs -- seems like all the endpoints they would need are available per indhu Kim wanted to review the custom report (lead to patient conversion) before moving forward with the Salesforce integration. The report was delivered to PRN on Aug 31st. Awaiting next steps from PRN.

Supporting Screenshot / Workflow Evidence

No screenshot needed

SME validation	☐ Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Clinical Operations & Documentation

39 pre-built items from the Internal Master. Validate the customer-facing language and supporting evidence before final delivery.

Subcategory	Count
Clinical Operations	**8**
Platform Performance	**2**
Reporting & Analytics	**3**
Clinical Workflow	**5**
Clinical Documentation	**15**
Compliance / Clinical Documentation	**1**
Authorization Management	**1**
Scheduling	**1**
Patient Engagement	**2**
Internal Communication	**1**

Clinical Operations & Documentation | Recommendation 1 of 39

Caseload Management

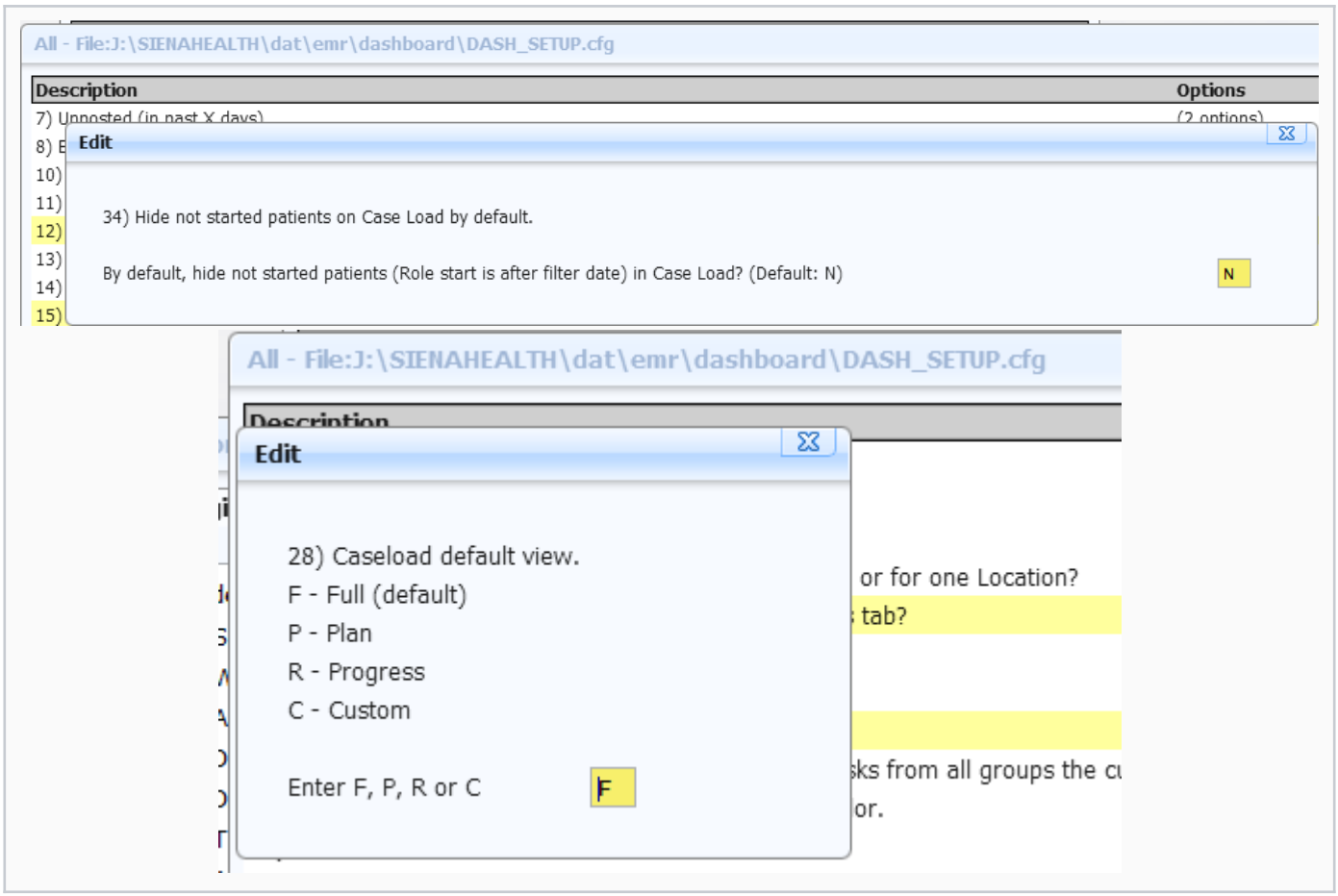
Feature / Workflow: Caseload Dashboard

Category: Clinical Operations | **Effort:** TBD

Current State / Finding	Caseload view is slow to load, contains outdated information, and is not consistently used by providers
Business Objective / Future State	Improve provider caseload visibility and management
Requirement / Gap	Provide fast, actionable caseload visibility for clinicians
Raintree Recommendation	Review caseload configuration. DASH plugin > DASH_SETUP #34 change to Y. This will hide non-started patients in Case Load. DASH plugin > DASH_SETUP #28. Review this option. Consider a change to Progress or Plan as the default view instead of Full. This *might* improve load times as it is loading less data. LIB_CASE plug > LIB_CASE_SETUP #1 change “Close roles?” to ‘S’. This will silently close role records instead of forcing therapists to click ‘Yes’ or ‘No’ when discharging a patient, to close the role and remove the patient from their case load. Coach therapists / front office staff to perform a one-time major clean up of their case load tabs. With higher security this can be done at a location level. Select patients who no longer apply (due

	to pre-existing configuration) and have them select the “Remove from Active Caseload” button. Sort by Next Visit and then Last Visit columns to help identify patients that are no longer applicable to keep.
Dependencies / Considerations	Performance with 3,000+ users; existing dashboard configuration
Outstanding Questions	What configuration changes will materially improve load time and usability?

Supporting Screenshot / Workflow Evidence



All - File:J:\SIENAHEALTH\dat\emr\lib_case\LIB_CASE_SETUP.cfg

Edit

1) Discharge patient when case Record is closed.
Y - prompt to close; N - don't close; S - close silently

Change patient status?	N
- If Prompt or Silently then change patient status to:	INACT
Delete future appointments?	Y
Close authorizations?	N
- Close Authorizations with following statuses:	Active,Pending
Close insurances?	N
Close roles?	Y
Close contacts?	N
Close prescriptions?	N
Close benefits?	S
Close Journeys?	S
Close Miscellaneous records?	N
- Close Miscellaneous records with following templates (only applicable for REMTX):	
Delete patient forms?	N
Create Follow Up task upon discharge?	N
- Choose task assignee. E - Init. Evaluating Provider, K - Key Provider, S - Supervisor.	K
- How many days until task is due?	30
Create a task to create a proper discharge record when a case is closed manually?	N
- Choose task assignee. E - Init. Evaluating Provider, K - Key Provider, S - Supervisor.	K
- How many days until task is due?	2

Dashboard for Raintree Test Provider

Telehealth Waiting Room | KPI | Patients | Scheduler | Refresh

RTCo... | Provide... | Clinic... | All Clinic... | Visit Su... | Service ... | Sig... | Case... | (6) Open... | Closed... | Posting ... | End ... | Review P... | Eligibility Ver... | Auth | Patient ...

User / Provider GO | Location | Eval. Prov | More Filters
Alert Source | Alert Level | On Hold Cases Hide

Case Load — Full | Plan | Progress | Custom

Patient Name	Case Name	Case	Plan	Rem	End	Auth End	rem	Rx End	rem	Next PR	#	Next Visit	Last Visit	#	Next M
Jane Raintree1	Physical Therapy Di...	PT003		0						10-21-26	12			0	
Adam Raintree	Physical Therapy Di...	PT008		0			25			08-28-26	6			0	
Adam Raintree	Physical Therapy Di...	PT010		0			25			09-25-26	6			0	
Sean PRN Raintree	Physical Therapy Di...	PT007		0							10			0	

All | Recently Closed | Needs Check | Soon Needs Check | Case On Hold

Visit Utilization Report | Prescription Report | Create Discharge Task | Close Case | Remove from Active Caseload

IFSP/IEP Report | Chart Audit Report | Create Discharge Note | Refresh Totals

SME validation	☐ **Configuration** ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Clinical Operations & Documentation | Recommendation 2 of 39

KPI Visibility

Feature / Workflow: Clinical KPIs

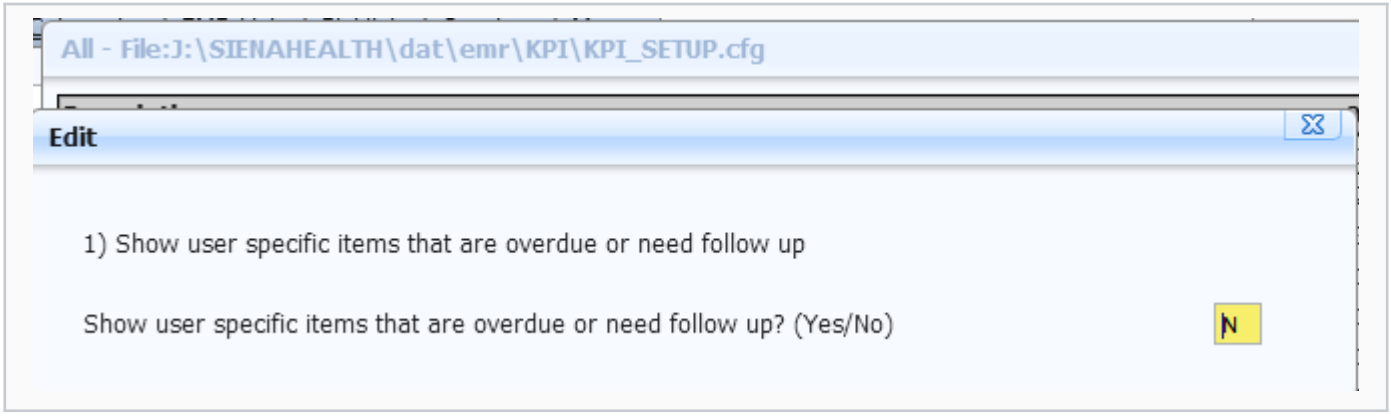
Category: Clinical Operations | **Effort:** TBD

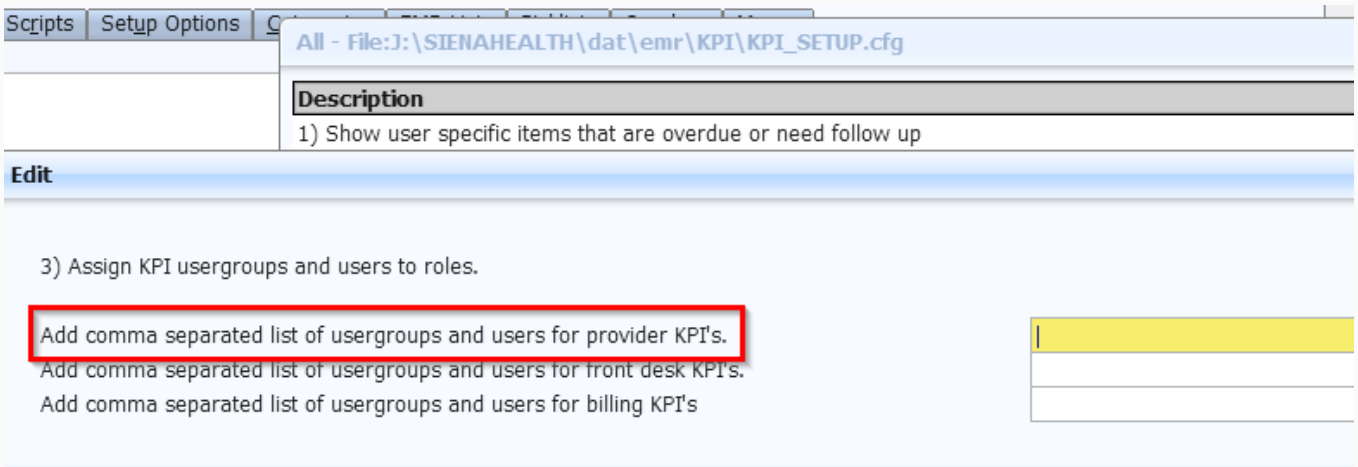
Current State / Finding	Providers are not consistently using clinical KPIs within Raintree
Business Objective / Future State	Surface actionable provider-level KPIs
Requirement / Gap	Enable KPIs that help clinicians manage patients requiring action

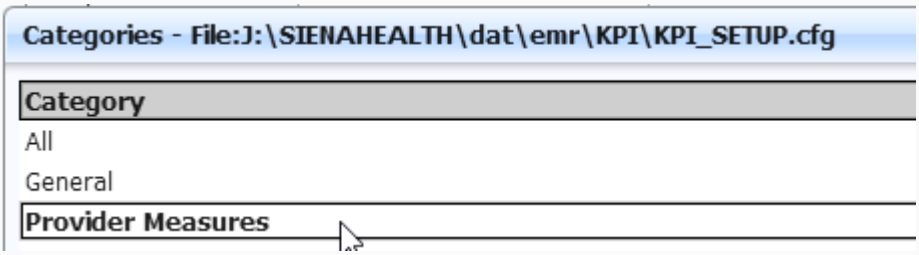
Raintree Recommendation	Review and enable appropriate KPI measures, including patients without future visits and patients with limited visits remaining.
	- KPI Plugin > KPI_SETUP
	  - #1 switch to 'Y'
	  - #2 Exclude specific usergroups / users as needed
	  - #3 Assign Provider KPIs to specific usergroups
	  - Use the "Provider Measures" category and turn on the appropriate KPIs.
	  - Recommend 101 and 111 to start
	  - Turn them on by opening up each option and placing a 'Y' in the first value. Then identify threshold values.

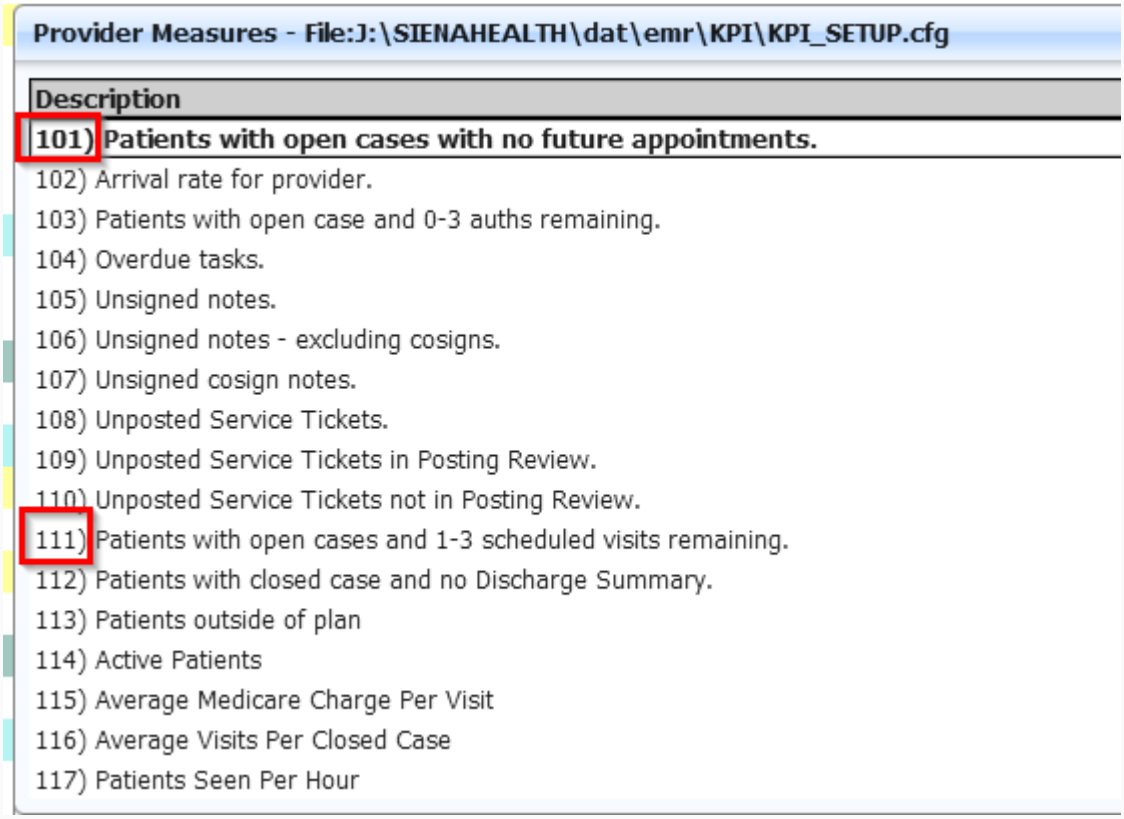
Dependencies / Considerations	KPI setup and provider adoption
Outstanding Questions	Which KPIs should become PRN's standard clinical dashboard measures?

Supporting Screenshot / Workflow Evidence




Scripts
Setup Options
All - File:J:\SIENAHEALTH\dat\emr\KPI\KPI_SETUP.cfg
Description
1) Show user specific items that are overdue or need follow up
Edit
3) Assign KPI usergroups and users to roles.
Add comma separated list of usergroups and users for provider KPI's.
Add comma separated list of usergroups and users for front desk KPI's.
Add comma separated list of usergroups and users for billing KPI's


Categories - File:J:\SIENAHEALTH\dat\emr\KPI\KPI_SETUP.cfg
Category
All
General
Provider Measures


Provider Measures - File:J:\SIENAHEALTH\dat\emr\KPI\KPI_SETUP.cfg
Description
101) Patients with open cases with no future appointments.
102) Arrival rate for provider.
103) Patients with open case and 0-3 auths remaining.
104) Overdue tasks.
105) Unsigned notes.
106) Unsigned notes - excluding cosigns.
107) Unsigned cosign notes.
108) Unposted Service Tickets.
109) Unposted Service Tickets in Posting Review.
110) Unposted Service Tickets not in Posting Review.
111) Patients with open cases and 1-3 scheduled visits remaining.
112) Patients with closed case and no Discharge Summary.
113) Patients outside of plan
114) Active Patients
115) Average Medicare Charge Per Visit
116) Average Visits Per Closed Case
117) Patients Seen Per Hour

SME validation	☐ **Configuration** ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Clinical Operations & Documentation | Recommendation 3 of 39

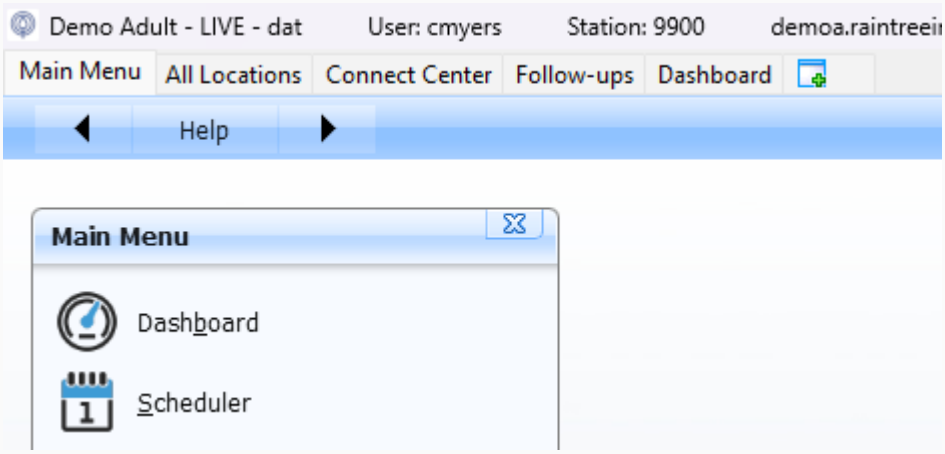
Tab / Session Performance

Feature / Workflow: Raintree Performance

Category: Platform Performance | **Effort:** TBD

Current State / Finding	PRN limits users to approximately five open tabs because of perceived performance issues; users launch an additional Raintree session when more tabs are needed
Business Objective / Future State	Allow clinicians to efficiently work across multiple patients
Requirement / Gap	Support efficient multi-patient workflow without performance degradation
Raintree Recommendation	Review performance limitations, browser/session behavior, and recommended workflow
Dependencies / Considerations	Scale of 3,000+ users; Web vs. Classic differences
Outstanding Questions	Is the five-tab limitation still necessary and what is the recommended maximum?

Supporting Screenshot / Workflow Evidence



SME validation	☐ Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Clinical Operations & Documentation | Recommendation 4 of 39

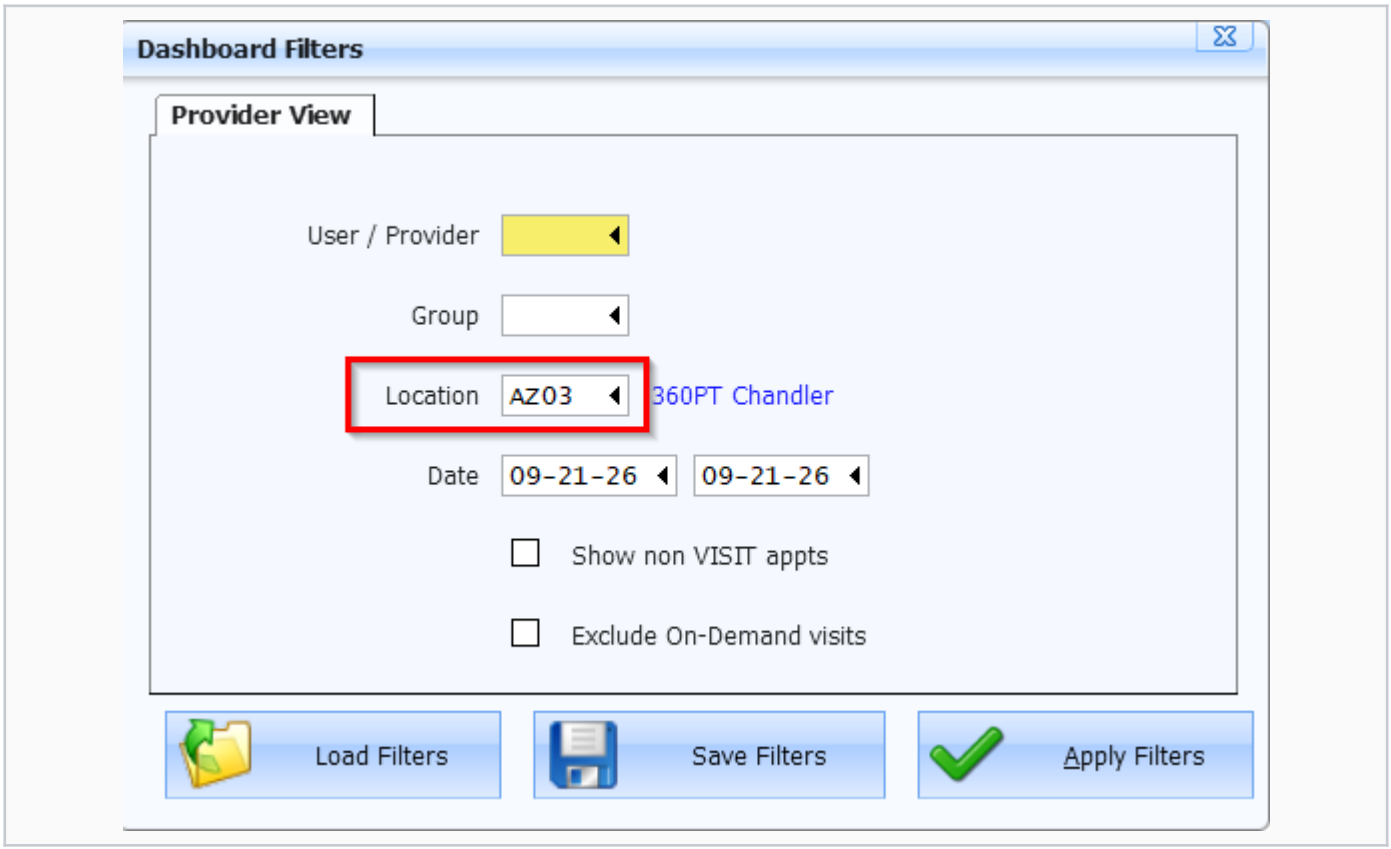
Multi-Clinic Navigation

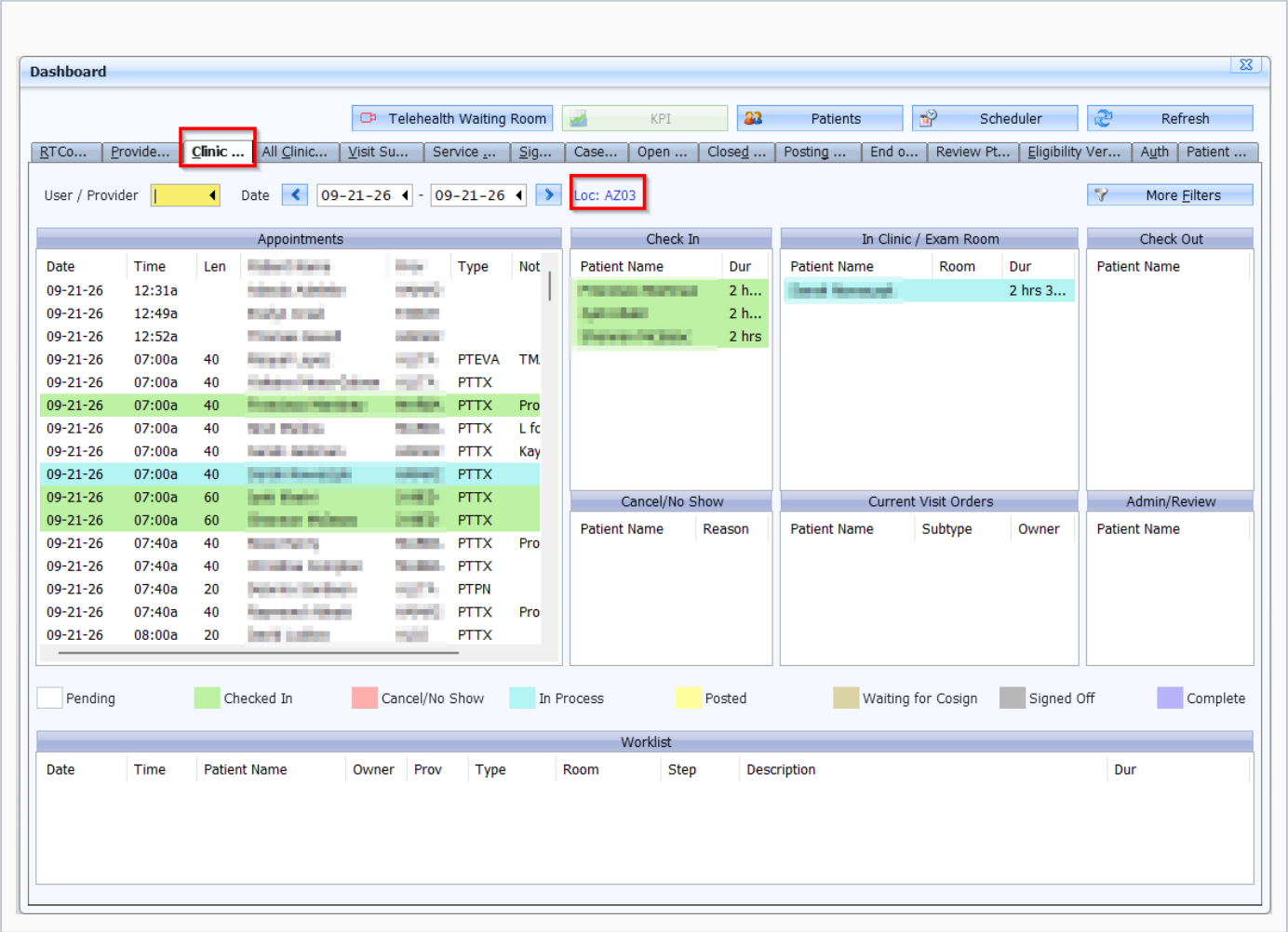
Feature / Workflow: RTWeb

Category: Clinical Operations | **Effort:** TBD

Current State / Finding	Switching between clinics is difficult, particularly in RTWeb
Business Objective / Future State	Improve navigation between clinics/facilities
Requirement / Gap	Allow providers and leaders to move efficiently between assigned locations
Raintree Recommendation	Review RTWeb facility navigation and recommended configuration/workflow Review security rights for multi-clinic provider/admin staff. Consider giving them access to the Clinic View tab on the Dashboard so they can see all appointments across different locations. DASH_CLVIEW = E Coach users on how to leverage location filters on the Dashboard tab (or to leave them blank to see all information combined).
Dependencies / Considerations	Provider vs. administrator workflows may differ
Outstanding Questions	What Web functionality or configuration improves multi-clinic navigation?

Supporting Screenshot / Workflow Evidence





SME validation	☐ **Configuration** ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Clinical Operations & Documentation | Recommendation 5 of 39

Appointment Check-In Visibility

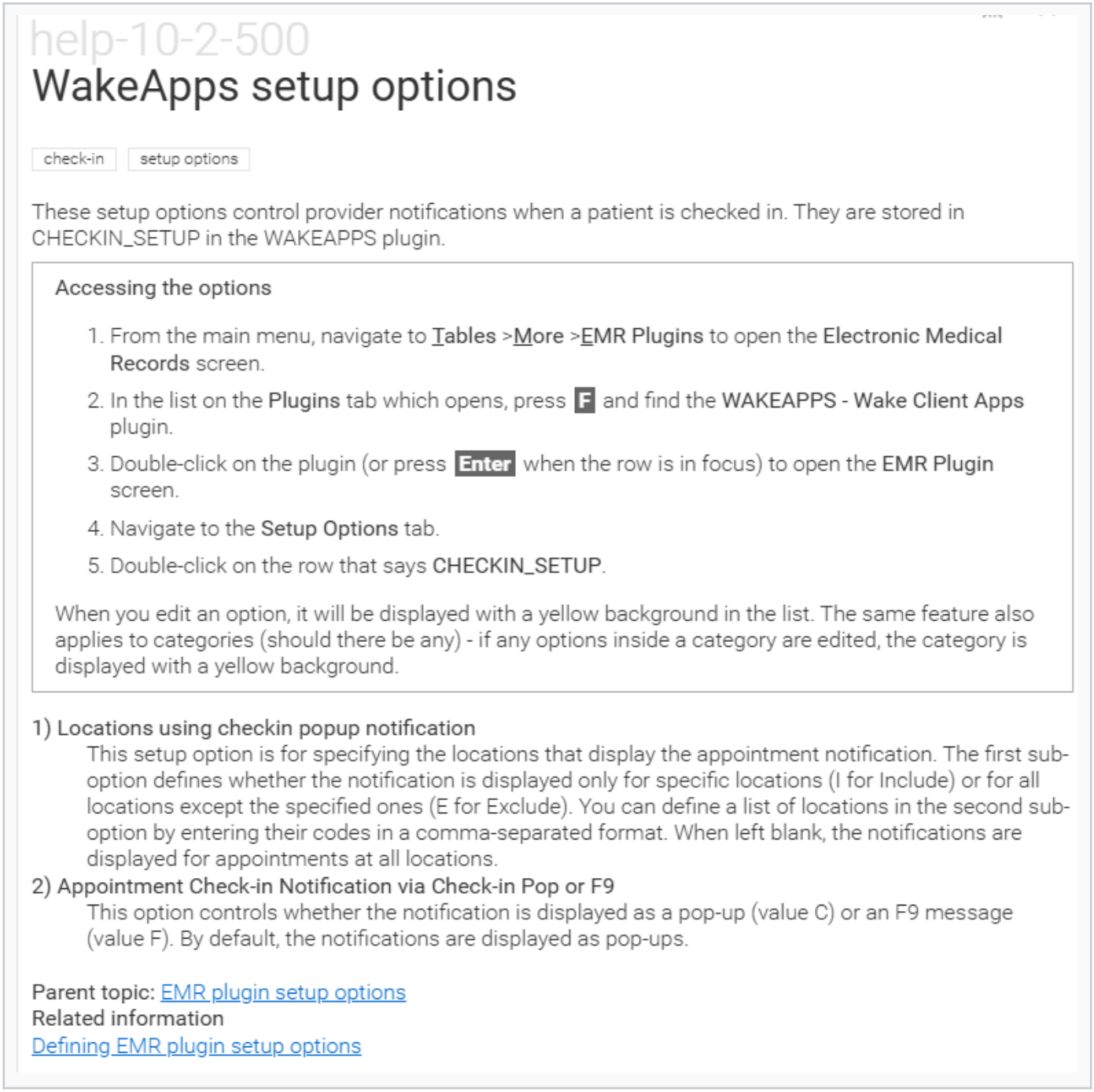
Feature / Workflow: Appointment Notifications

Category: Clinical Operations | **Effort:** TBD

Current State / Finding	Appointment check-in notification functionality is a pain point, particularly for Spine & Sport
Business Objective / Future State	Improve clinician awareness when patients arrive
Requirement / Gap	Provide reliable real-time notification when a patient checks in
Raintree Recommendation	WAKECLIENT = E can be set for RTClient users. This will enable a pop-up screen when patients are checked in.

Dependencies / Considerations	May vary by clinic workflow / RTWeb configuration
Outstanding Questions	N/A

Supporting Screenshot / Workflow Evidence



help-10-2-500

WakeApps setup options

check-in setup options

These setup options control provider notifications when a patient is checked in. They are stored in CHECKIN_SETUP in the WAKEAPPS plugin.

Accessing the options

1. From the main menu, navigate to Tables >More >EMR Plugins to open the Electronic Medical Records screen.
2. In the list on the Plugins tab which opens, press F and find the WAKEAPPS - Wake Client Apps plugin.
3. Double-click on the plugin (or press Enter when the row is in focus) to open the EMR Plugin screen.
4. Navigate to the Setup Options tab.
5. Double-click on the row that says CHECKIN_SETUP.

When you edit an option, it will be displayed with a yellow background in the list. The same feature also applies to categories (should there be any) - if any options inside a category are edited, the category is displayed with a yellow background.

1) Locations using checkin popup notification
This setup option is for specifying the locations that display the appointment notification. The first sub-option defines whether the notification is displayed only for specific locations (I for Include) or for all locations except the specified ones (E for Exclude). You can define a list of locations in the second sub-option by entering their codes in a comma-separated format. When left blank, the notifications are displayed for appointments at all locations.

2) Appointment Check-in Notification via Check-in Pop or F9
This option controls whether the notification is displayed as a pop-up (value C) or an F9 message (value F). By default, the notifications are displayed as pop-ups.

Parent topic: EMR plugin setup options
Related information
Defining EMR plugin setup options

SME validation	☐ Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

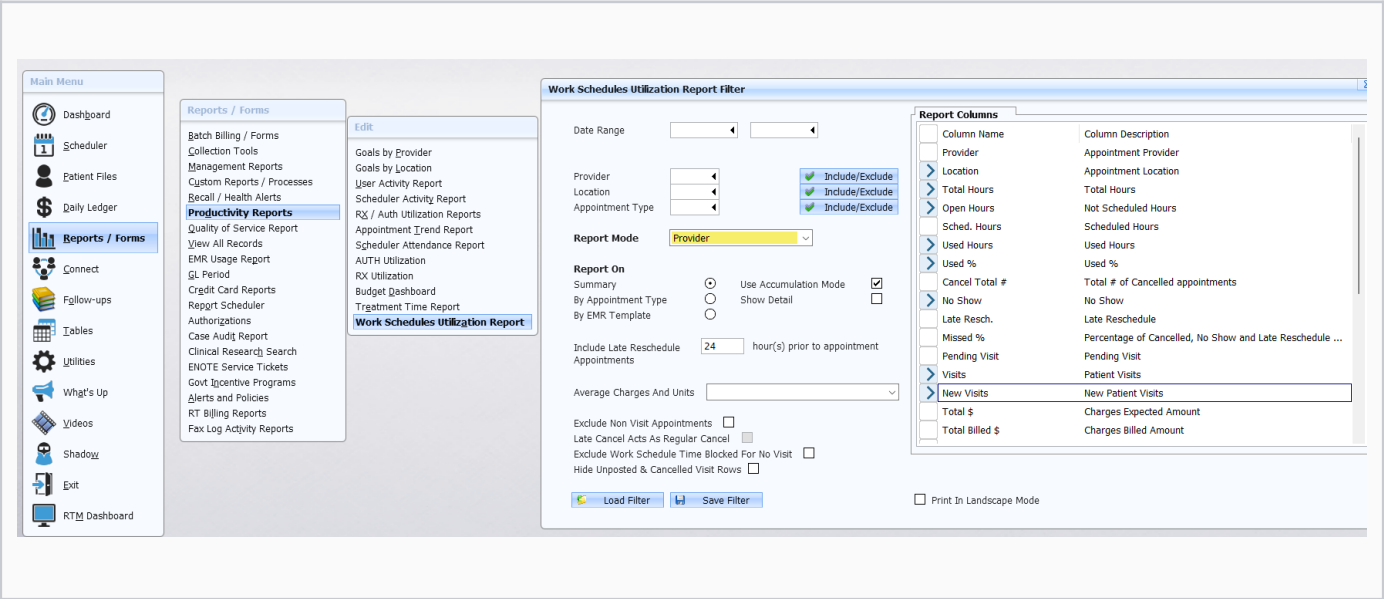
Provider Capacity Reporting

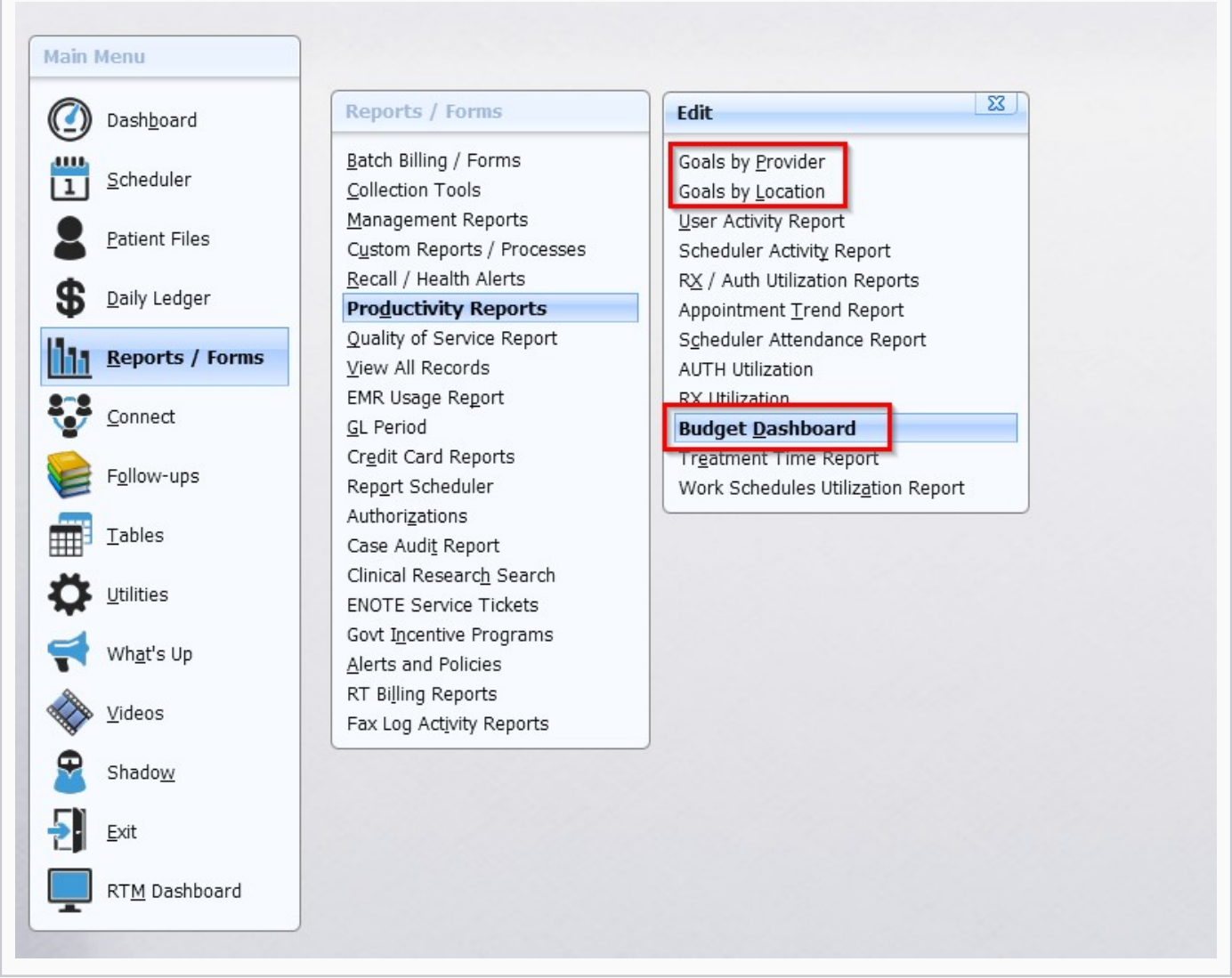
Feature / Workflow: Capacity Reporting

Category: Reporting & Analytics | **Effort:** TBD

Current State / Finding	Providers are not using Raintree capacity reporting; capacity is currently managed manually
Business Objective / Future State	Give clinicians and leaders visibility into true provider capacity
Requirement / Gap	Report actual available capacity by provider
Raintree Recommendation	Validate capacity reporting configuration against PRN scheduling model - Review Work Schedule Utilization Report - Review Goals by Provider/Location Report and Budget Dashboard setup
Dependencies / Considerations	PRN scheduling structure may overstate apparent availability
Outstanding Questions	Can Raintree accurately calculate capacity based on PRN's scheduling model?

Supporting Screenshot / Workflow Evidence





SME validation	☐ **Configuration** ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Clinical Operations & Documentation | Recommendation 7 of 39

Daily Provider Capacity

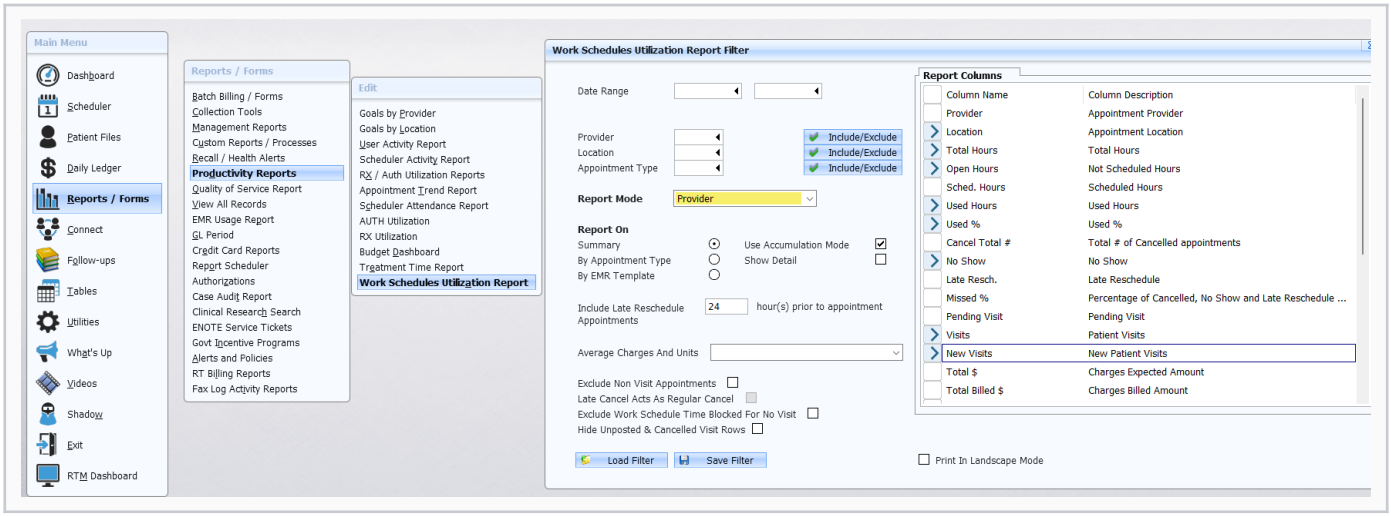
Feature / Workflow: Capacity Management

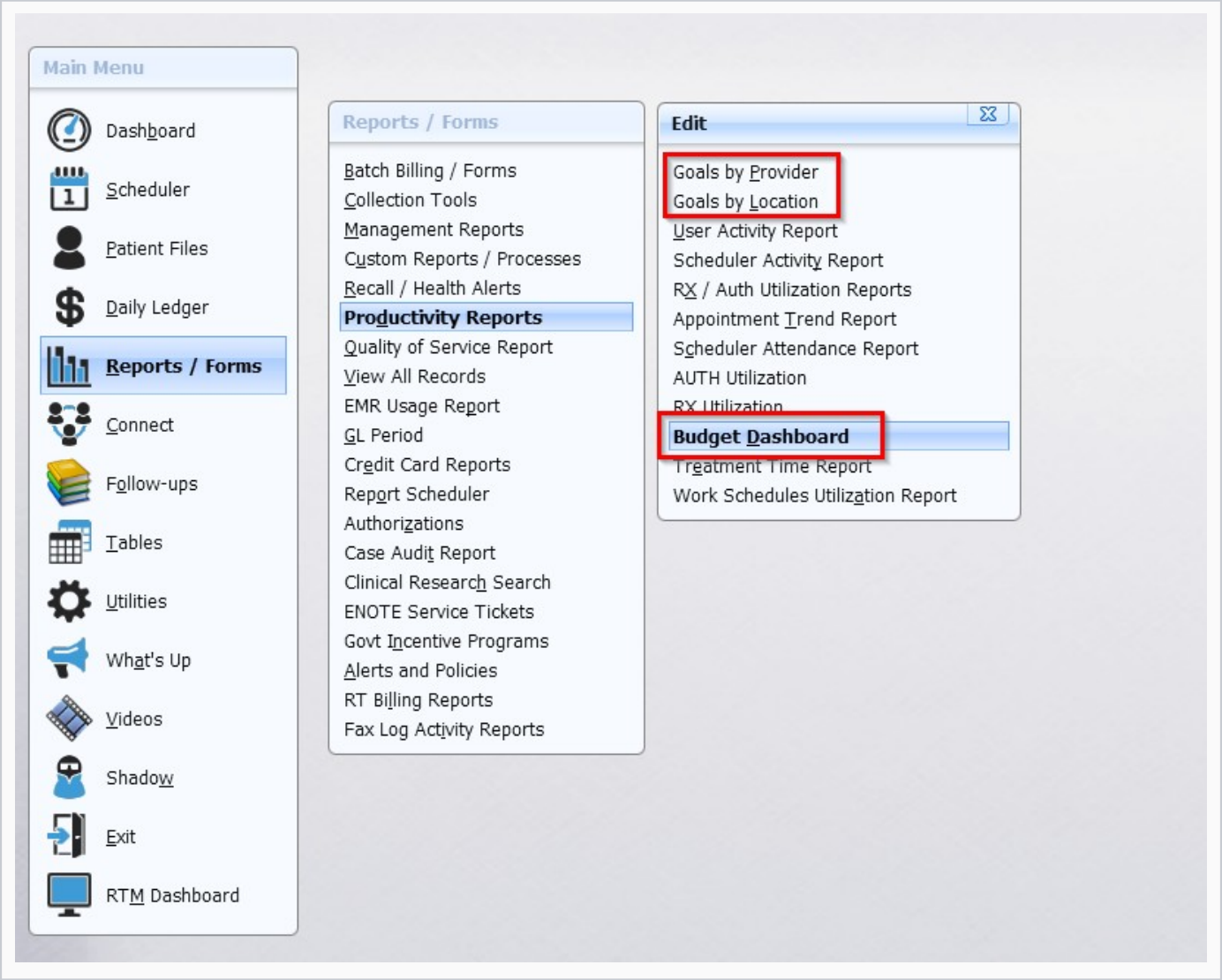
Category: Reporting & Analytics | **Effort:** TBD

Current State / Finding	PRN's operating target is 12 patients per day, but capacity management is manual
Business Objective / Future State	Support target of approximately 12 patients per provider per day
Requirement / Gap	Track scheduled visits versus target capacity

Raintree Recommendation	Configure/report provider daily capacity and utilization
Dependencies / Considerations	Scheduling templates and provider-specific expectations
Outstanding Questions	Can capacity targets vary by provider, role, clinic, or region?

Supporting Screenshot / Workflow Evidence





SME validation	☐ Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Clinical Operations & Documentation | Recommendation 8 of 39

Regional Capacity / Cancellation Reporting

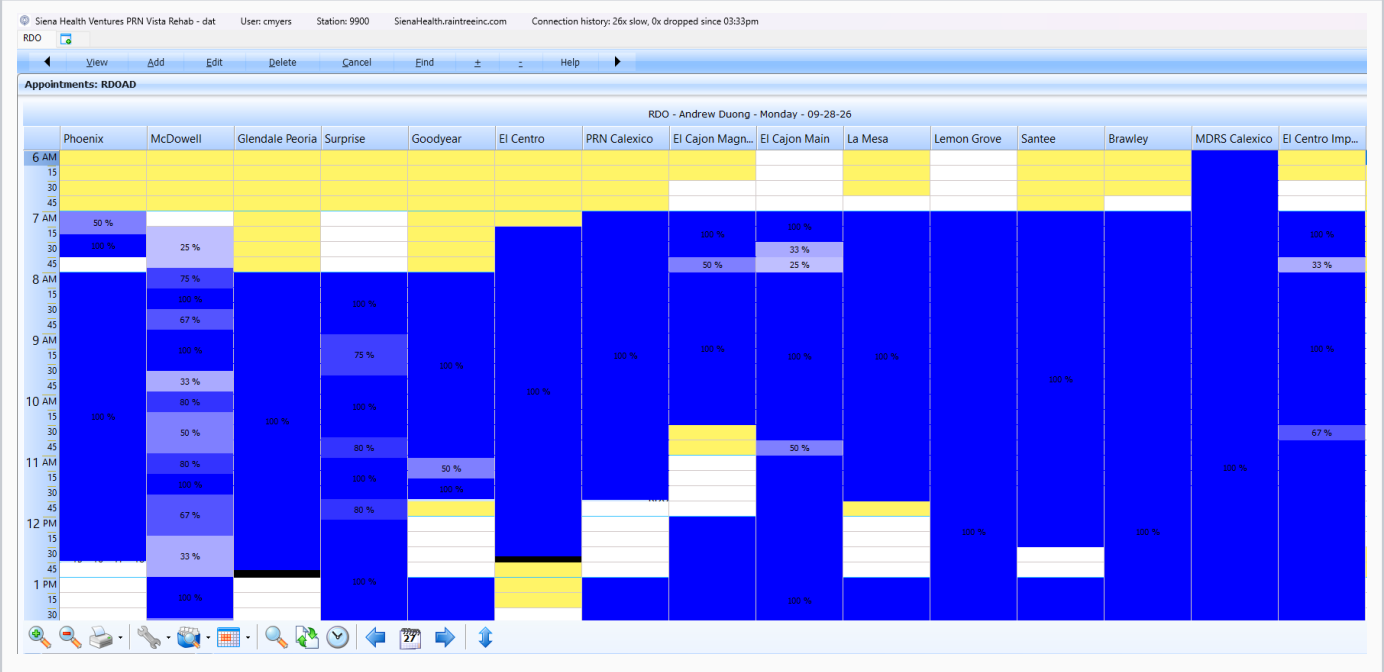
Feature / Workflow: Regional Analytics

Category: Reporting & Analytics | **Effort:** TBD

Current State / Finding	FP&A is currently used to assess capacity and cancellation rates outside of the clinical workflow
Business Objective / Future State	Improve regional operational visibility
Requirement / Gap	Provide regional views of capacity, utilization, and cancellations

Raintree Recommendation	Evaluate Raintree reporting or AnalyticsIQ options for regional rollups
Dependencies / Considerations	Organizational hierarchy and region configuration
Outstanding Questions	Can capacity and cancellation rates be reported by region without external manipulation?

Supporting Screenshot / Workflow Evidence



SME validation	☐ Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Clinical Operations & Documentation | Recommendation 9 of 39

Patient Medical History

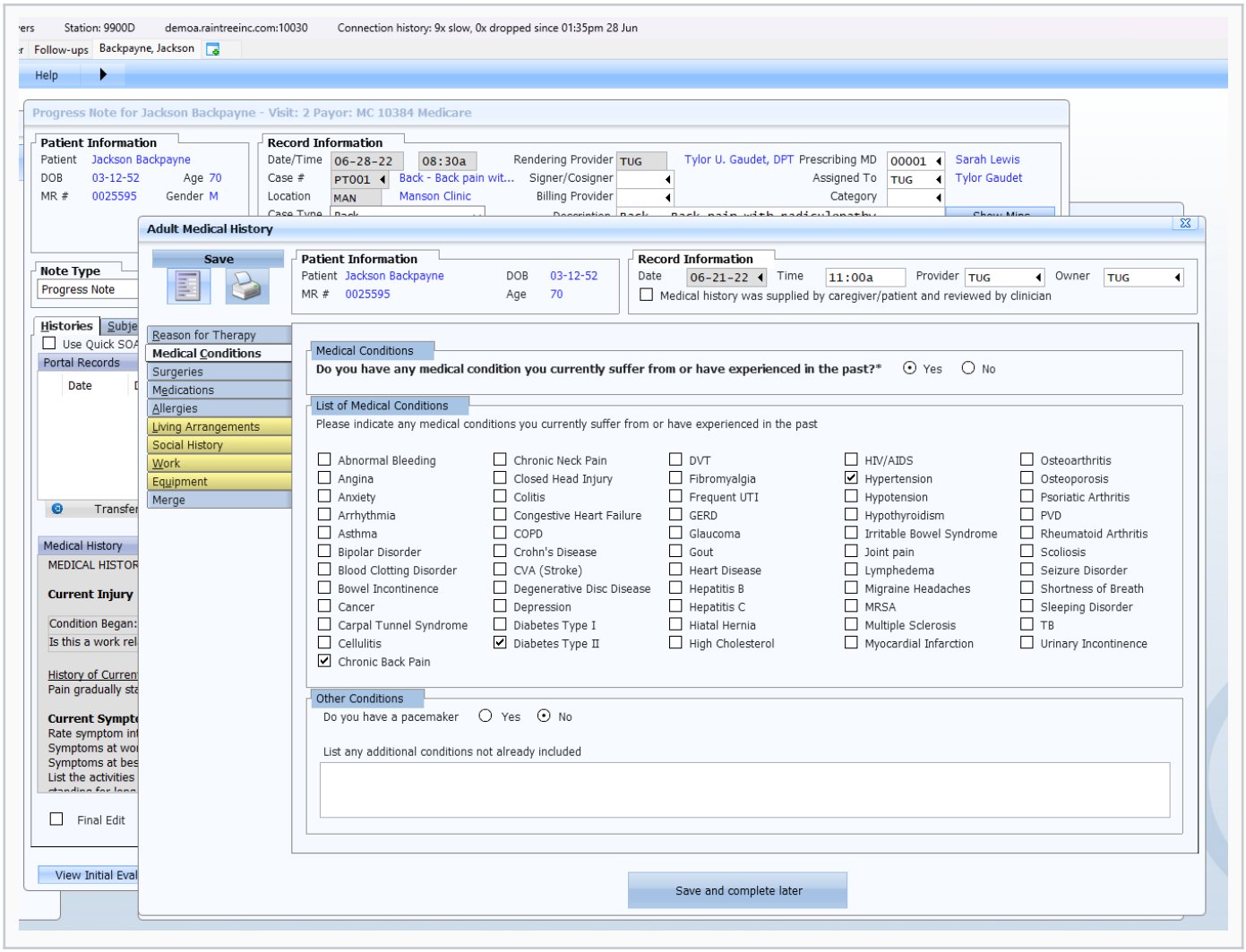
Feature / Workflow: Digital Intake / Kiosk

Category: Clinical Workflow | **Effort:** TBD

Current State / Finding	PMH is frequently completed on paper; Kiosk is not consistently used; forms are scanned into the chart
Business Objective / Future State	Eliminate paper-based medical history collection
Requirement / Gap	Digitize PMH and make structured data available to clinicians
Raintree Recommendation	Review Kiosk, Portal, digital form configuration, and mapping into clinical documentation

	If Raintree's Medical History is utilized on the patient portal/kiosk, information will flow into clinical documentation seamlessly and eliminate manual documentation time for providers.
Dependencies / Considerations	Current PRN custom forms; portal upload errors
Outstanding Questions	N/A

Supporting Screenshot / Workflow Evidence



SME validation	☐ Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Clinical Operations & Documentation | Recommendation 10 of 39

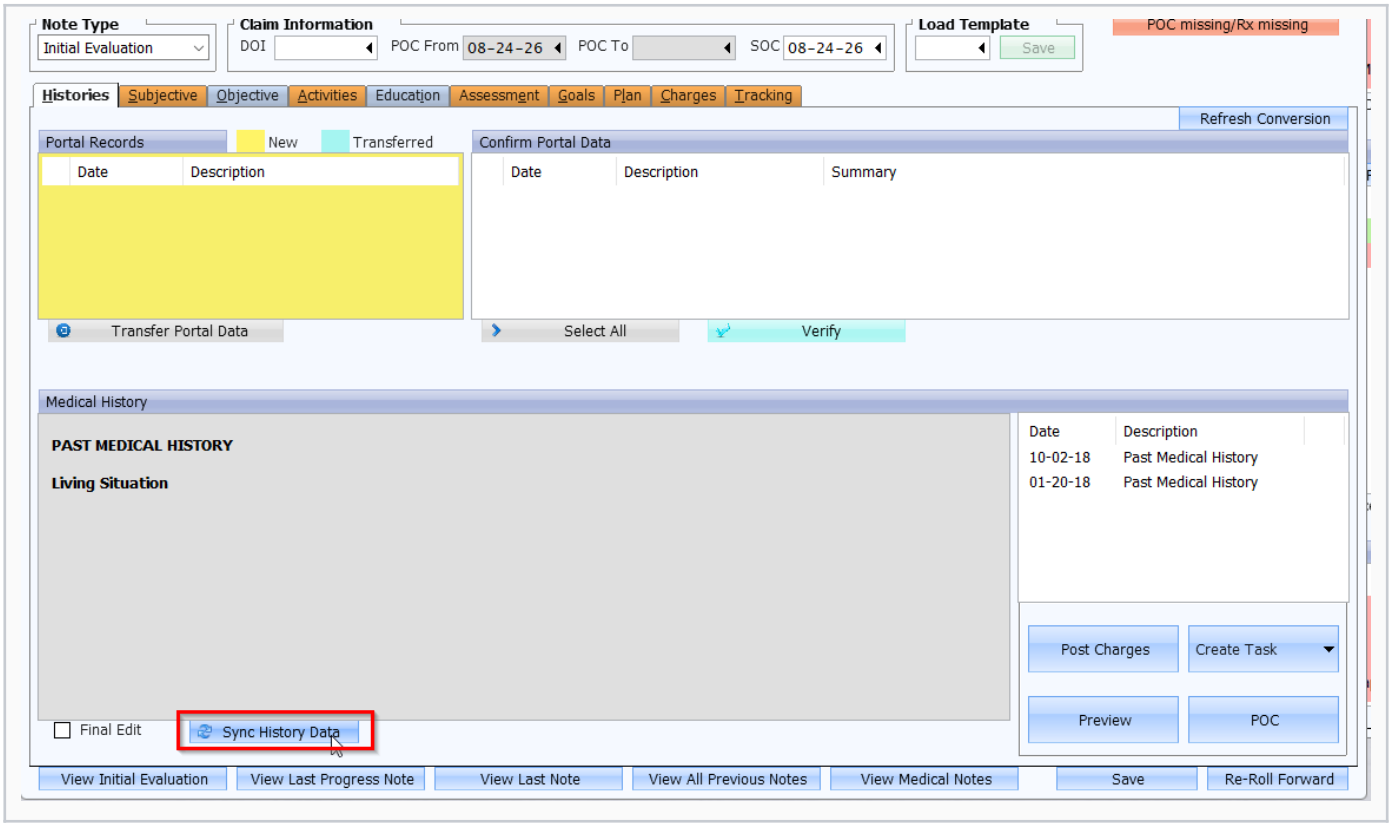
Medical History Documentation

Feature / Workflow: PMH Integration

raintree | PRN • Detailed Transformation Assessment
Category: Clinical Workflow | **Effort:** TBD

Current State / Finding	Clinicians frequently capture medical history manually in the subjective section or through ScribeIQ because structured PMH is unavailable
Business Objective / Future State	Reduce manual clinician documentation during evaluations
Requirement / Gap	Automatically populate relevant PMH data into the evaluation workflow
Raintree Recommendation	Map patient-entered PMH into the clinical record and Scribe/evaluation workflow "Sync History data" button will pull over Subjective Tab: - Mechanism of Onset - Current Surgery Data - Current Surgery Details - Pain rating scores - Work Status - DOI Tracking Tab: - Next MD Visit
Dependencies / Considerations	Requires digital intake adoption and field mapping
Outstanding Questions	Which PMH fields can populate directly into the evaluation?

Supporting Screenshot / Workflow Evidence



SME validation	☐ Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Clinical Operations & Documentation | Recommendation 11 of 39

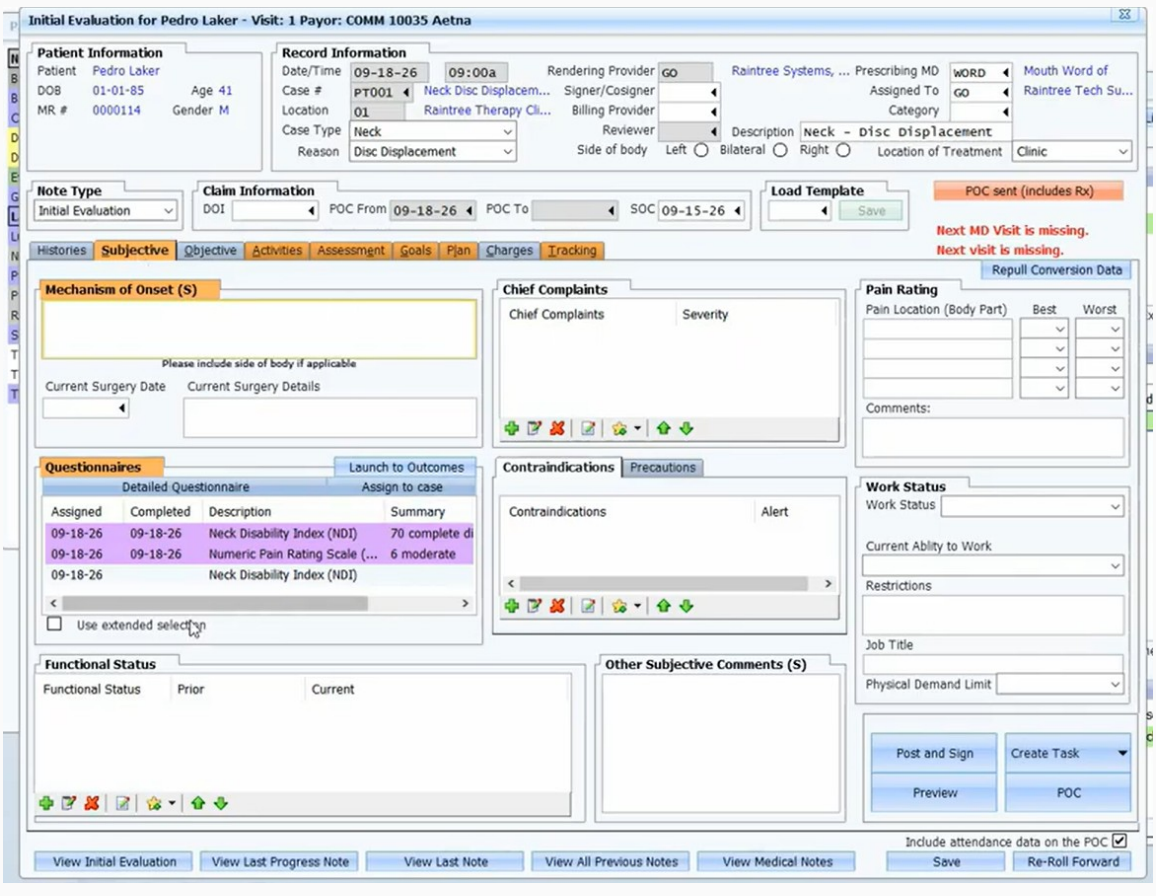
PROMIS Integration

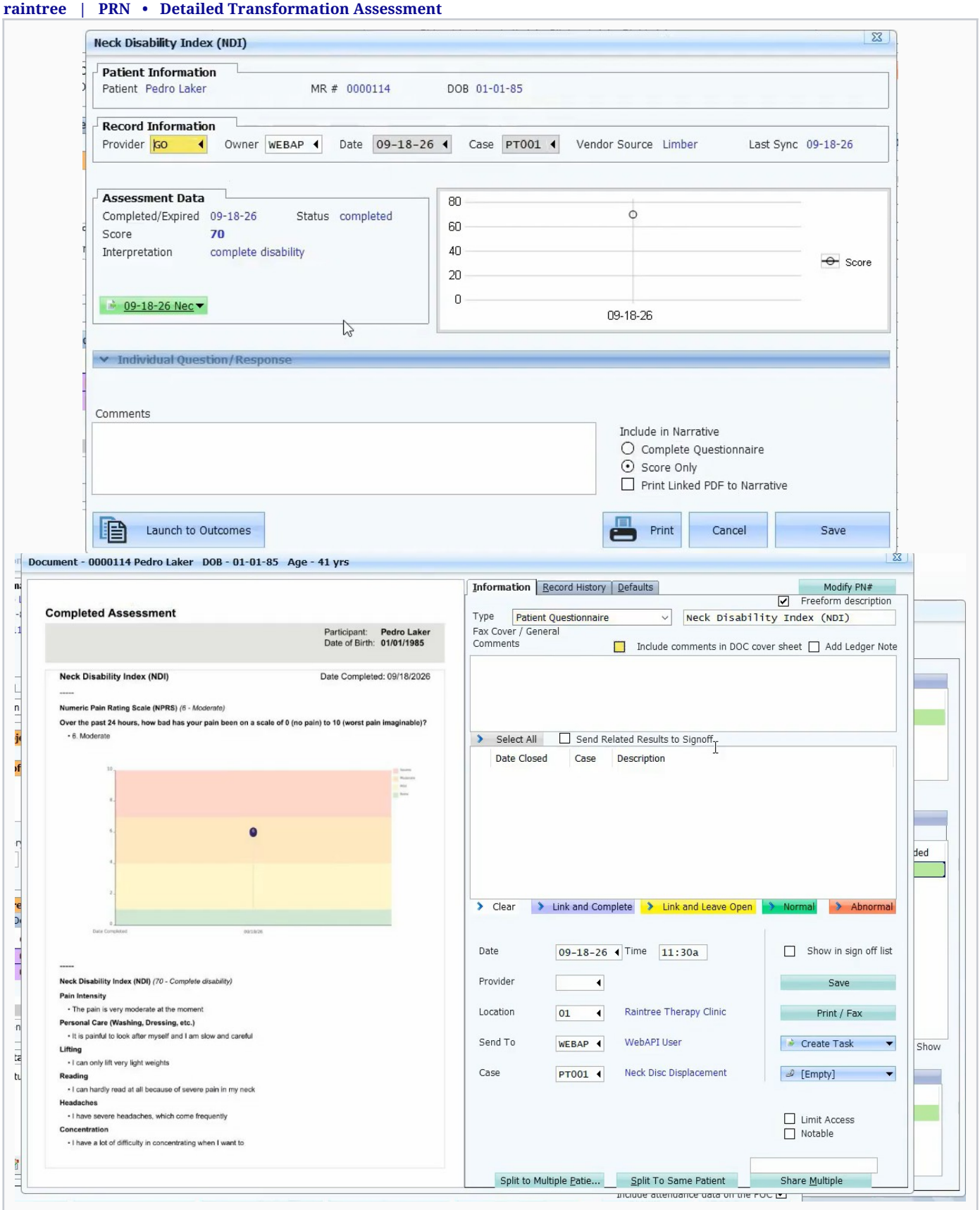
Feature / Workflow: Limber Integration

Category: Clinical Workflow | **Effort:** TBD

Current State / Finding	PRN has a three-year Limber SOW; PROMIS data is expected to flow into the note but current workflow requires manual effort
Business Objective / Future State	Bring PROMIS results directly into clinical documentation
Requirement / Gap	Seamlessly display/import PROMIS scores into the clinical note
Raintree Recommendation	Enable current Limber integration capabilities for Classic and NoteIQ
Dependencies / Considerations	Limber integration call completed
Outstanding Questions	N/A

Supporting Screenshot / Workflow Evidence





SME validation	☐ Configuration ☐ Change Management ☐ Customization ☐ Roadmap

Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Clinical Operations & Documentation | Recommendation 12 of 39

Legacy Questionnaires

Feature / Workflow: Patient Questionnaires

Category: Clinical Workflow | **Effort:** TBD

Current State / Finding	Legacy questionnaires are still being completed manually in Washington
Business Objective / Future State	Eliminate manual legacy questionnaire workflows
Requirement / Gap	Standardize digital questionnaire collection
Raintree Recommendation	Review migration of legacy questionnaires to Kiosk/Portal/Limber workflows
Dependencies / Considerations	Regional requirements and payer-specific forms
Outstanding Questions	Which legacy questionnaires still require manual handling and why?

Supporting Screenshot / Workflow Evidence

Link to Available Legacy Questionnaires

SME validation	☐ Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Clinical Operations & Documentation | Recommendation 13 of 39

Evaluation Workflow

Feature / Workflow: Evaluation Templates

Category: Clinical Documentation | **Effort:** TBD

Current State / Finding	Providers load evaluation templates before launching ScribeIQ, but use is inconsistent
Business Objective / Future State	Standardize and optimize evaluation workflow before broad ScribeIQ use
Requirement / Gap	Establish a reliable pre-Scribe evaluation workflow
Raintree Recommendation	Define recommended evaluation template configuration and sequence prior to ScribeIQ launch

	ScribeIQ will overwrite into Raintree fields. What is being templated that Scribe cannot accomplish? Most clients stop use of TVIST templates once optimizing ScribeIQ templates. Refine ScribeIQ prompting templates to capture information that is typically baked into standard Raintree templates.
Dependencies / Considerations	Template cleanup and provider adoption
Outstanding Questions	What fields must be populated before launching ScribeIQ?

Supporting Screenshot / Workflow Evidence

No screenshot needed for this recommendation

SME validation	☐ **Configuration** ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Clinical Operations & Documentation | Recommendation 14 of 39

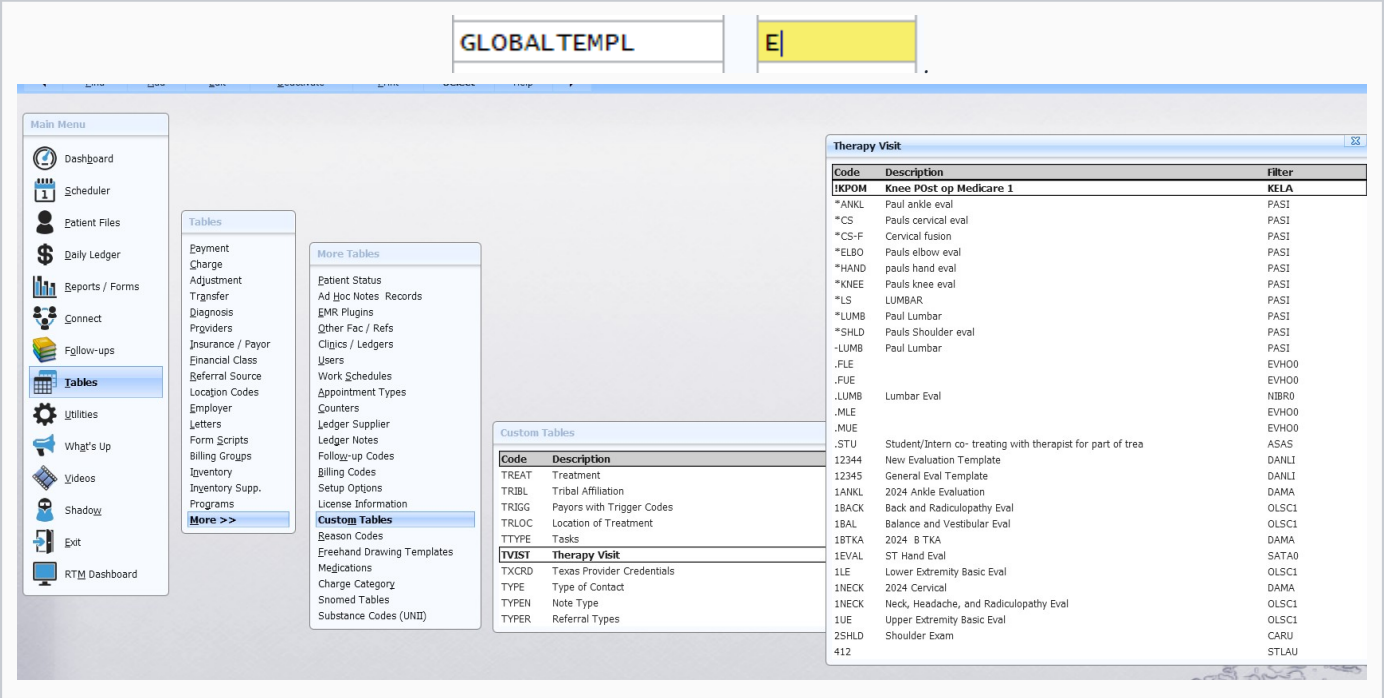
Template Governance

Feature / Workflow: ALT / Clinical Templates

Category: Clinical Documentation | **Effort:** TBD

Current State / Finding	PRN primarily uses company-wide templates; Jeff wants flexibility for provider- or practice-level templates
Business Objective / Future State	Establish appropriate enterprise and local template governance
Requirement / Gap	Support controlled flexibility without creating template sprawl
Raintree Recommendation	Define governance model for enterprise, regional, clinic, and provider templates GLOBALTEMPL = E is the security right needed for the ability to modify and save a *global* TVIST note template. Recommend creating a naming convention to help clinics / regions create specific templates as the table containing all templates is shared across the database. Individual providers do have the ability to create note templates for themselves. Individual providers should leverage individual abilities such as abbreviations, picklist templates, and favorites lists within picklists. This eliminates the master templates table becoming too cluttered.
Dependencies / Considerations	Compliance, maintenance, and standardization
Outstanding Questions	Which template levels should PRN permit?

Supporting Screenshot / Workflow Evidence



SME validation	☐ **Configuration** ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Clinical Operations & Documentation | Recommendation 15 of 39

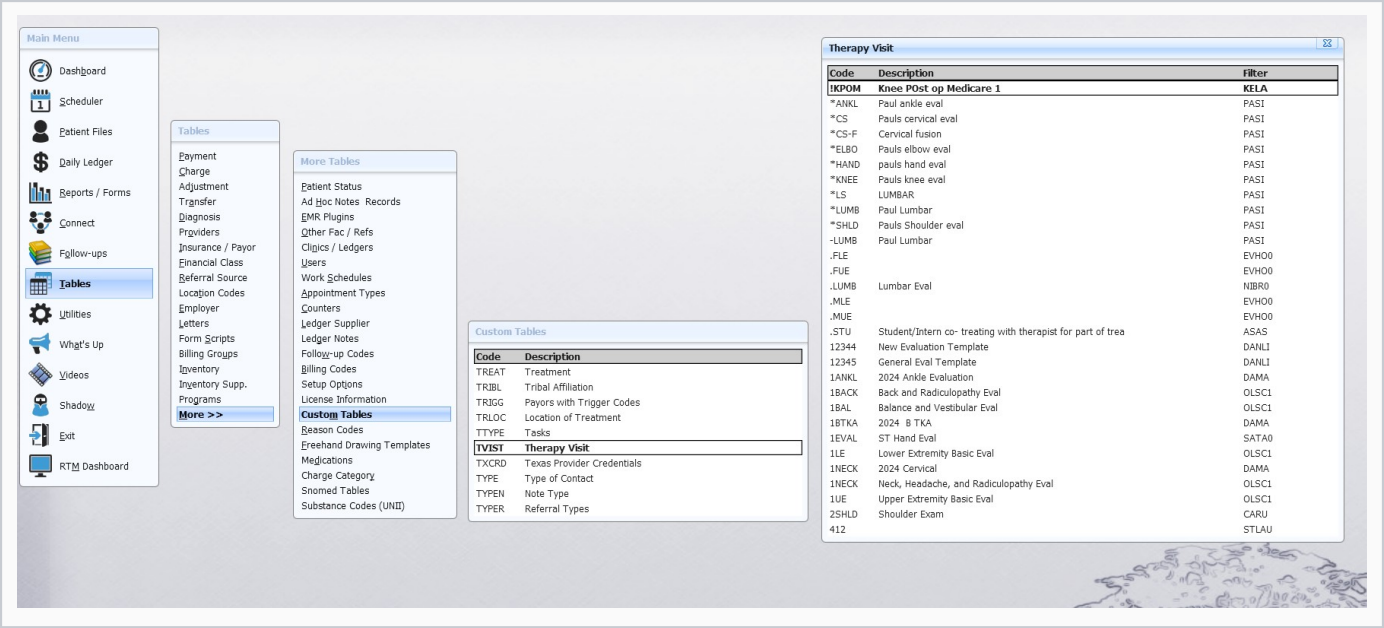
Template Utilization

Feature / Workflow: Template Reporting

Category: Clinical Documentation | **Effort:** TBD

Current State / Finding	PRN has not completed a significant cleanup of clinical templates in years
Business Objective / Future State	Identify unused or redundant clinical templates
Requirement / Gap	Determine which templates are being used and retire obsolete content
Raintree Recommendation	Review template utilization data and establish recurring governance process Tables > More > Custom Tables - delete / deactivate templates that are not being utilized. Note: any template with a Filter on it can only be seen and loaded by that specific user, when in a TVIST note.
Dependencies / Considerations	Ability to report template usage
Outstanding Questions	Can Raintree report how frequently individual templates are loaded or used? **no**

Supporting Screenshot / Workflow Evidence



SME validation	☐ Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Clinical Operations & Documentation | Recommendation 16 of 39

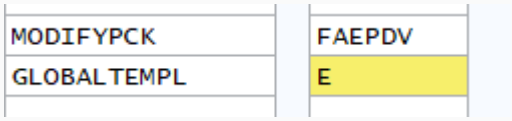
Template Administration

Feature / Workflow: Load Templates

Category: Clinical Documentation | **Effort:** TBD

Current State / Finding	Clinical users can filter/load templates but cannot independently edit certain templates without RCM involvement
Business Objective / Future State	Reduce dependency on RCM for routine clinical template changes
Requirement / Gap	Give appropriate clinical administrators controlled ability to maintain templates
Raintree Recommendation	Review permissions and workflow for clinical template administration GLOBALTEMPL = E gives the ability to modify/save global templates. MODIFYPCK = FAEPDV gives the ability to modify/save picklist entries at the global level.
Dependencies / Considerations	Role-based security and governance
Outstanding Questions	Can designated Clinical Operations users edit/publish templates without RCM support?

Supporting Screenshot / Workflow Evidence



MODIFYPCK	FAEPDV
GLOBALTEMPL	E

SME validation	☐ **Configuration** ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Clinical Operations & Documentation | Recommendation 17 of 39

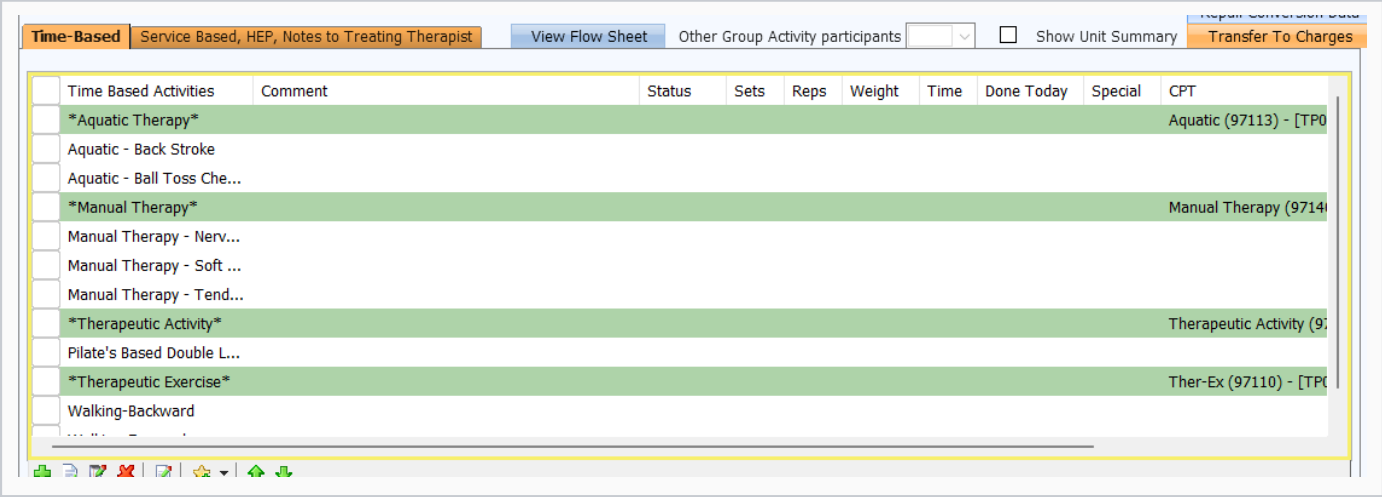
Activities Workflow

Feature / Workflow: Activities Tab

Category: Clinical Documentation | **Effort:** TBD

Current State / Finding	Activities workflow is a significant pain point and requires substantial manual configuration
Business Objective / Future State	Simplify and optimize Activities documentation
Requirement / Gap	Make activity documentation faster and more intuitive
Raintree Recommendation	Conduct detailed Activities Tab workflow/configuration review - MODIFYPCK = FAEPDV will be needed to delete, edit, and add new entries to this list. Consider the creation of Activity headers (such as *Therapeutic Exercise*). - The asterisk will place the option at the top of the master list. - This line can be leveraged as the place to identify the total time spent performing this CPT code. - Raintree can also set up a script to make any line in the Time-Based Activity Log with a CPT present, green to visually assist with the difference between billable header code vs. the individual interventions that make up the CPT code.
Dependencies / Considerations	Existing PRN templates and billing requirements
Outstanding Questions	What configuration or workflow changes would have the largest impact?

Supporting Screenshot / Workflow Evidence



SME validation	☐ **Configuration** ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Clinical Operations & Documentation | Recommendation 18 of 39

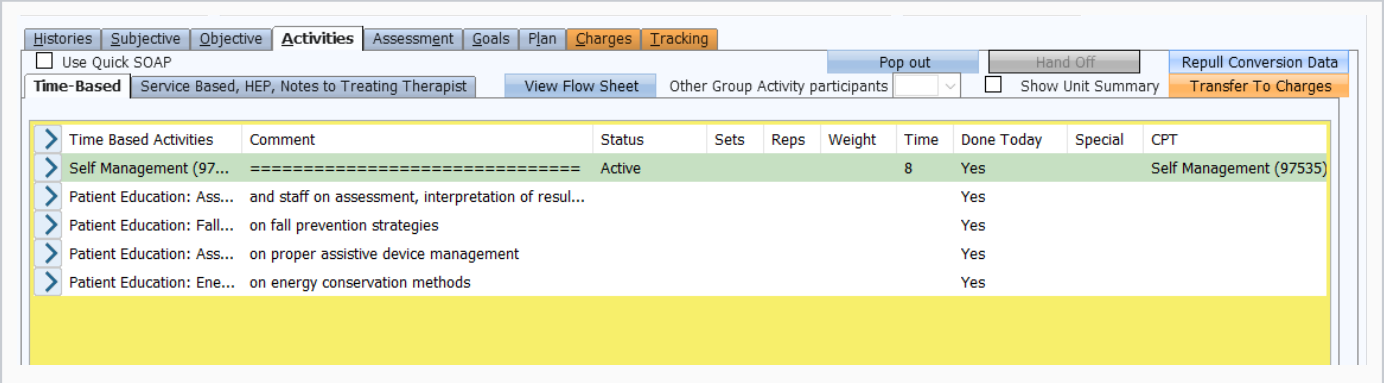
Activities Selection

Feature / Workflow: Activities Tab

Category: Clinical Documentation | **Effort:** TBD

Current State / Finding	PRN is missing selection boxes on the left side of the Activities workflow
Business Objective / Future State	Improve activity selection and documentation speed
Requirement / Gap	Restore/enable efficient multi-select functionality where supported
Raintree Recommendation	Enable selection boxes and review configuration/version behavior for selection boxes
Dependencies / Considerations	N/A
Outstanding Questions	Why were selection boxes turned off in PRN's current workflow?

Supporting Screenshot / Workflow Evidence



SME validation	☐ Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Clinical Operations & Documentation | Recommendation 19 of 39

Clinical Widgets

Feature / Workflow: Widgets

Category: Clinical Documentation | **Effort:** TBD

Current State / Finding	Current widget functionality has not been fully reviewed for clinical use
Business Objective / Future State	Optimize provider dashboard and documentation workflow
Requirement / Gap	Identify widgets that can reduce navigation and manual work
Raintree Recommendation	Complete widget configuration and best-practice review
Dependencies / Considerations	User roles and screen configuration
Outstanding Questions	Which widgets should become standard for PRN clinicians?

Supporting Screenshot / Workflow Evidence

[INSERT SCREENSHOT / WORKFLOW IMAGE HERE]

Use the screenshot to visually support the recommendation and show the applicable Raintree workflow/configuration.

SME validation	☐ Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Clinical Operations & Documentation | Recommendation 20 of 39

Slow Authentication

Feature / Workflow: RTWeb SSO

Category: Platform Performance | **Effort:** TBD

Current State / Finding	SSO authentication into RTWeb is reported as very slow
Business Objective / Future State	Improve RTWeb login/access performance
Requirement / Gap	Reduce authentication time and improve provider adoption
Raintree Recommendation	Review SSO authentication flow, IdP configuration, and RTWeb performance
Dependencies / Considerations	PRN identity provider / network / SSO configuration
Outstanding Questions	Where is the latency occurring in the authentication workflow?

Supporting Screenshot / Workflow Evidence

No screenshot required for this recommendation

SME validation	☐ Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Clinical Operations & Documentation | Recommendation 21 of 39

RTWeb Adoption

Feature / Workflow: RTWeb

Category: Clinical Operations | **Effort:** TBD

Current State / Finding	PRN is considering/working toward RTWeb rollout for all providers
Business Objective / Future State	Prepare for broader RTWeb rollout
Requirement / Gap	Validate that RTWeb supports key clinical workflows before enterprise adoption
Raintree Recommendation	Complete Web vs. Classic workflow assessment and address identified gaps Differences between Web and Classic PDF can be sent
Dependencies / Considerations	Multi-clinic navigation; ScribeIQ; performance
Outstanding Questions	Which current Classic workflows would materially change in RTWeb?

Supporting Screenshot / Workflow Evidence

[Link to Differences of RT Web vs RT Classic]

SME validation	☐ Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Clinical Operations & Documentation | Recommendation 22 of 39

Split-Screen Workflow

Feature / Workflow: RTWeb / ScribeIQ

Category: Clinical Documentation | **Effort:** TBD

Current State / Finding	Providers use a split-screen workflow similar to the existing Chrome extension experience
Business Objective / Future State	Preserve efficient simultaneous charting and Scribe workflow
Requirement / Gap	Maintain an efficient split-screen workflow in Web
Raintree Recommendation	Validate recommended RTWeb/ScribeIQ screen configuration ScribeIQ recent enhancements include a screen overlay widget which will allow a user to utilize ScribeIQ and RTWeb at the same time on one screen/tab. ScribeIQ also recently released the multi-patient recording tab which reduces the number of ScribeIQ tabs necessary to one.
Dependencies / Considerations	Browser behavior and screen resolution
Outstanding Questions	What is the recommended RTWeb layout for ScribeIQ users?

Supporting Screenshot / Workflow Evidence

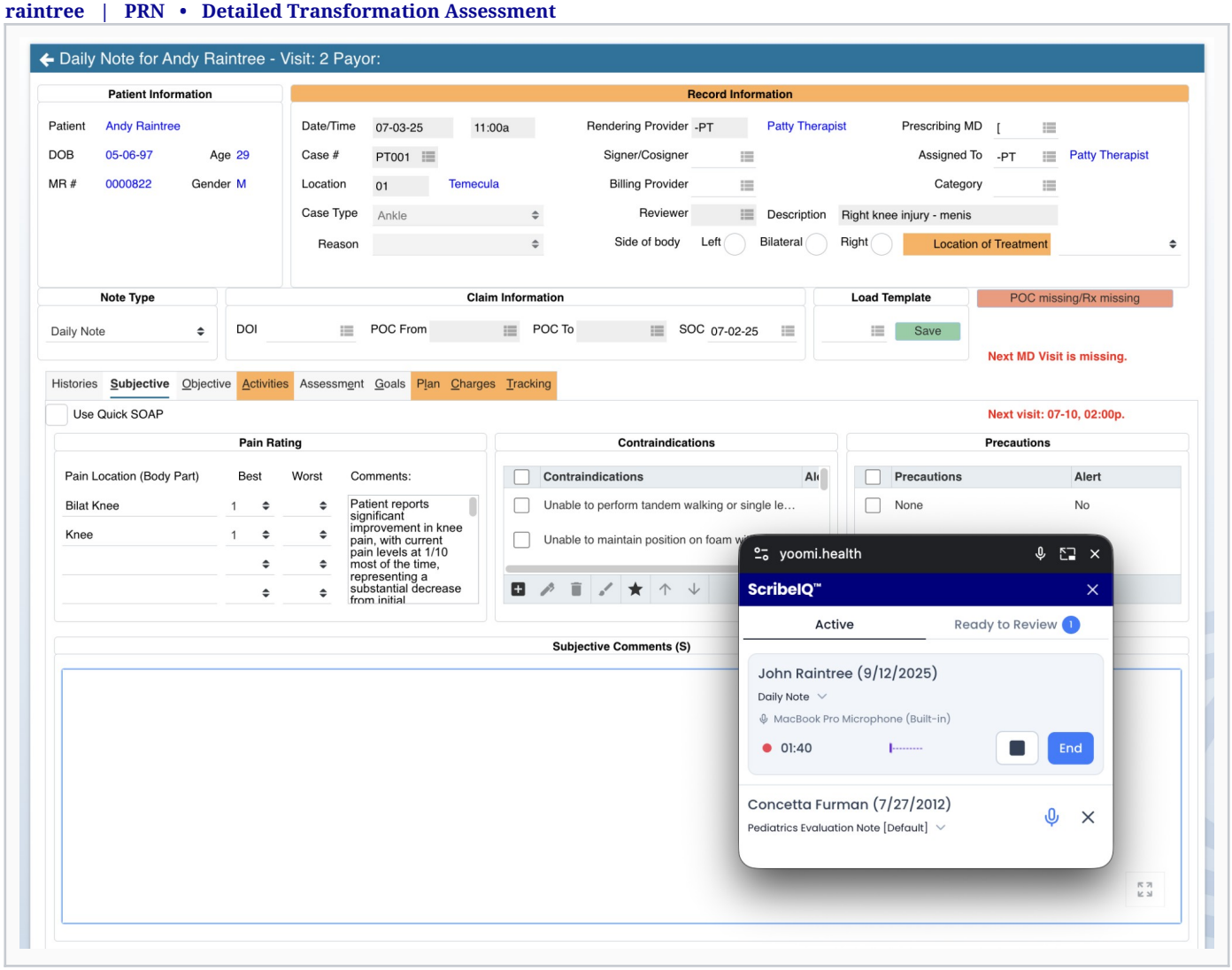
Multi-Patient Recording View

A guide to recording, switching between, and reviewing multiple patient sessions from one view.

How Multi-Tab Works

1. **Open patients from Raintree** — Each patient you launch opens into the multi-patient view, where you can see all your recording sessions at once.
2. **Record while generating** — Start recording a new patient while a previous session's note is still generating.
3. **Track session status at a glance** — The session list shows which patients are recording, ready for review, or waiting to generate.
4. **Pick up where you left off** — Click any tab or session row to jump back into that patient instantly.
5. **Record from a floating window** — Click the **Pop out widget** button on the In Progress screen to open a ScribeIQ recorder that floats on top of Raintree, so you can record and jump between sessions without leaving the patient's chart.

See how it works



SME validation	☐ Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Clinical Operations & Documentation | Recommendation 23 of 39

Diagnosis Code Ordering

Feature / Workflow: ScribeIQ

Category: Clinical Documentation | **Effort:** TBD

Current State / Finding	PRN needs validation of how diagnosis codes generated or received through ScribeIQ are ordered
Business Objective / Future State	Ensure diagnosis codes populate in correct priority/order
Requirement / Gap	Ensure primary and secondary diagnosis sequencing is correct
Raintree Recommendation	Validate ScribeIQ and intake diagnosis-code mapping logic

Dependencies / Considerations	Intake data and coding configuration
Outstanding Questions	Does the intake diagnosis automatically populate as primary, or can it appear as secondary?

Supporting Screenshot / Workflow Evidence

No screenshot needed for this recommendation

SME validation	☐ Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Clinical Operations & Documentation | Recommendation 24 of 39

ScribeIQ to Activities

Feature / Workflow: ScribeIQ / Activities

Category: Clinical Documentation | **Effort:** TBD

Current State / Finding	ScribeIQ is not pushing Activities into the Activities Tab as desired
Business Objective / Future State	Reduce duplicate/manual Activities documentation
Requirement / Gap	Allow ScribeIQ output to support structured Activities documentation where appropriate
Raintree Recommendation	Review current ScribeIQ Activities capabilities and roadmap
Dependencies / Considerations	Structured vs. narrative Scribe output
Outstanding Questions	What Activities content can ScribeIQ populate today and what is roadmap?

Supporting Screenshot / Workflow Evidence

[INSERT SCREENSHOT / WORKFLOW IMAGE HERE] *Use the screenshot to visually support the recommendation and show the applicable Raintree workflow/configuration.*

SME validation	☐ Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Clinical Operations & Documentation | Recommendation 25 of 39

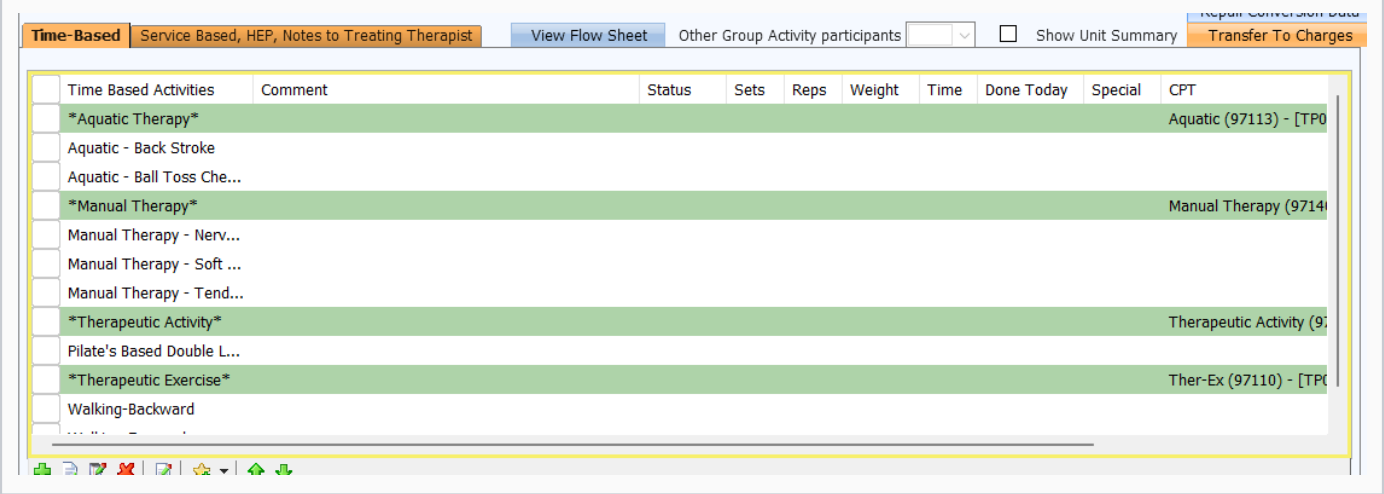
Activity Time Roll-Forward

Feature / Workflow: Activities Tab

Category: Compliance / Clinical Documentation | **Effort:** TBD

Current State / Finding	Activity times are rolling forward line-by-line from previous visits
Business Objective / Future State	Reduce compliance risk from copied time
Requirement / Gap	Prevent inappropriate carry-forward of time values
Raintree Recommendation	Review configuration to stop time roll-forward and align with documentation best practices Raintree can configure the activity log columns to not roll forward. In this example, we could **disable** rolling forward of the time column, if desired. This would work very well if header activities are leveraged, reducing the amount of places a clinician needs to document time.
Dependencies / Considerations	Significant workflow change for providers
Outstanding Questions	Can time be prevented from rolling forward while activity selections remain?

Supporting Screenshot / Workflow Evidence



SME validation	☐ **Configuration** ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Clinical Operations & Documentation | Recommendation 26 of 39

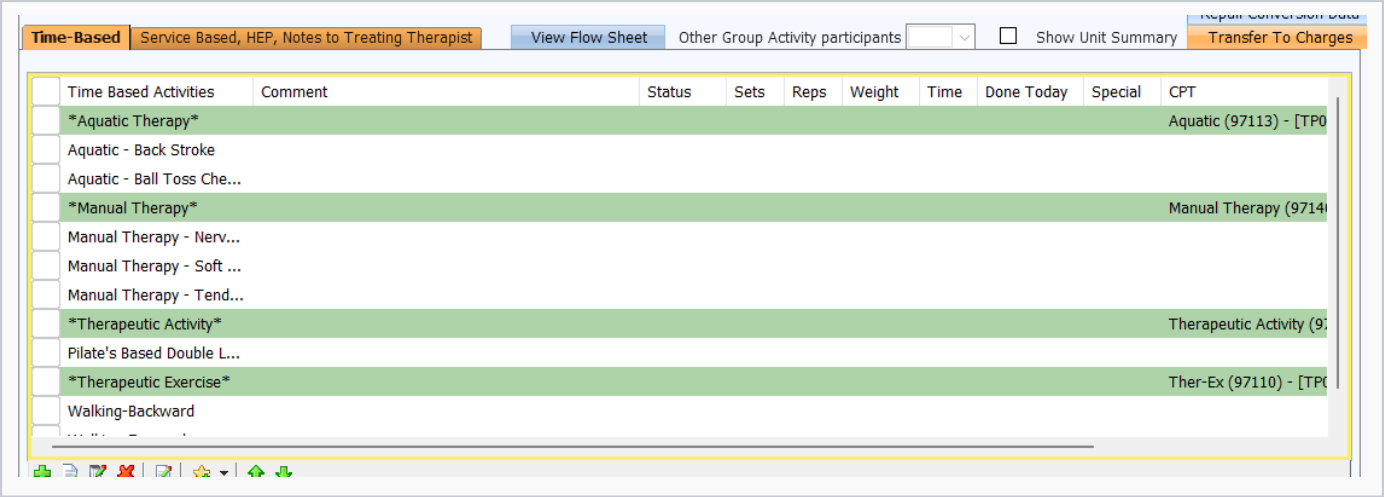
Time Documentation Methodology

Feature / Workflow: Activities / CPT Codes

Category: Clinical Documentation | **Effort:** TBD

Current State / Finding	Providers document time at the individual activity level instead of primarily at the CPT-code level
Business Objective / Future State	Improve accuracy and compliance of timed-code documentation
Requirement / Gap	Align documentation methodology with recommended billing/compliance workflow
Raintree Recommendation	Evaluate transition to CPT-level time documentation and required configuration/training See above recommendation (recommendation 17).
Dependencies / Considerations	Provider behavior and billing workflows
Outstanding Questions	Should PRN move from line-item activity time documentation to CPT-level time?

Supporting Screenshot / Workflow Evidence



SME validation	☐ **Configuration** ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Clinical Operations & Documentation | Recommendation 27 of 39

Evaluation Charge Roll-Forward

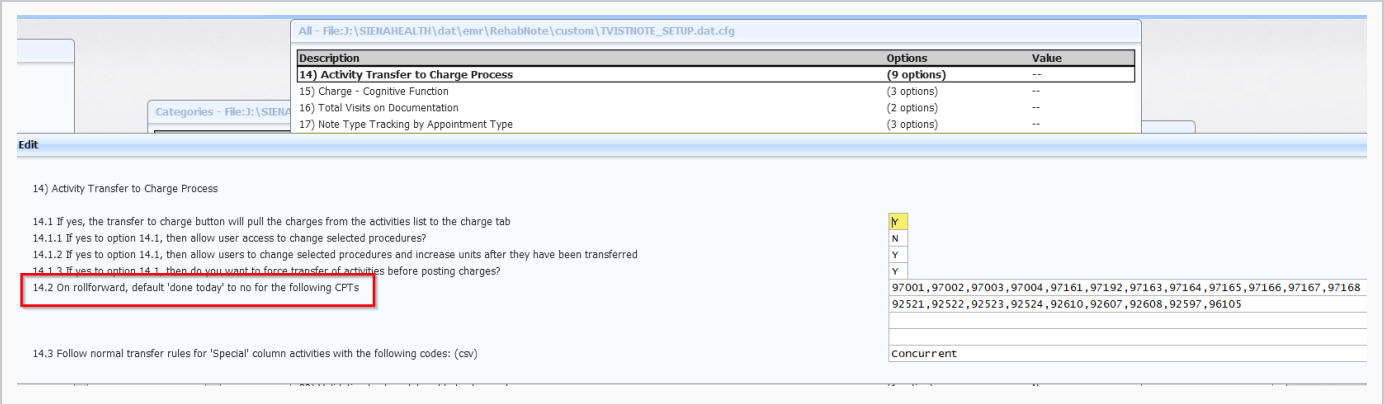
Feature / Workflow: Activities / Billing Configuration

Category: Clinical Documentation | **Effort:** Low

Current State / Finding	Evaluation charge currently rolls into the next daily note unless configuration is changed
Business Objective / Future State	Prevent evaluation charge from appearing on subsequent daily notes
Requirement / Gap	Ensure evaluation codes apply only to the appropriate

	encounter
Raintree Recommendation	Change applicable evaluation configuration/default to prevent roll-forward Raintree can configure the Time column to not roll forward on the Service-Based tab of Activity Log. Recommend setting the Evaluation line / any templates to default a specific entry within the CPT code column. For example “Evaluation - [SB]” We can then adjust a setup option to default Done Today to No for anything marked “SB”
Dependencies / Considerations	Configuration must be validated across templates
Outstanding Questions	Which TVIST/configuration should be standardized enterprise-wide?

Supporting Screenshot / Workflow Evidence



SME validation	☐ **Configuration** ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Clinical Operations & Documentation | Recommendation 28 of 39

PT / PTA Handoff

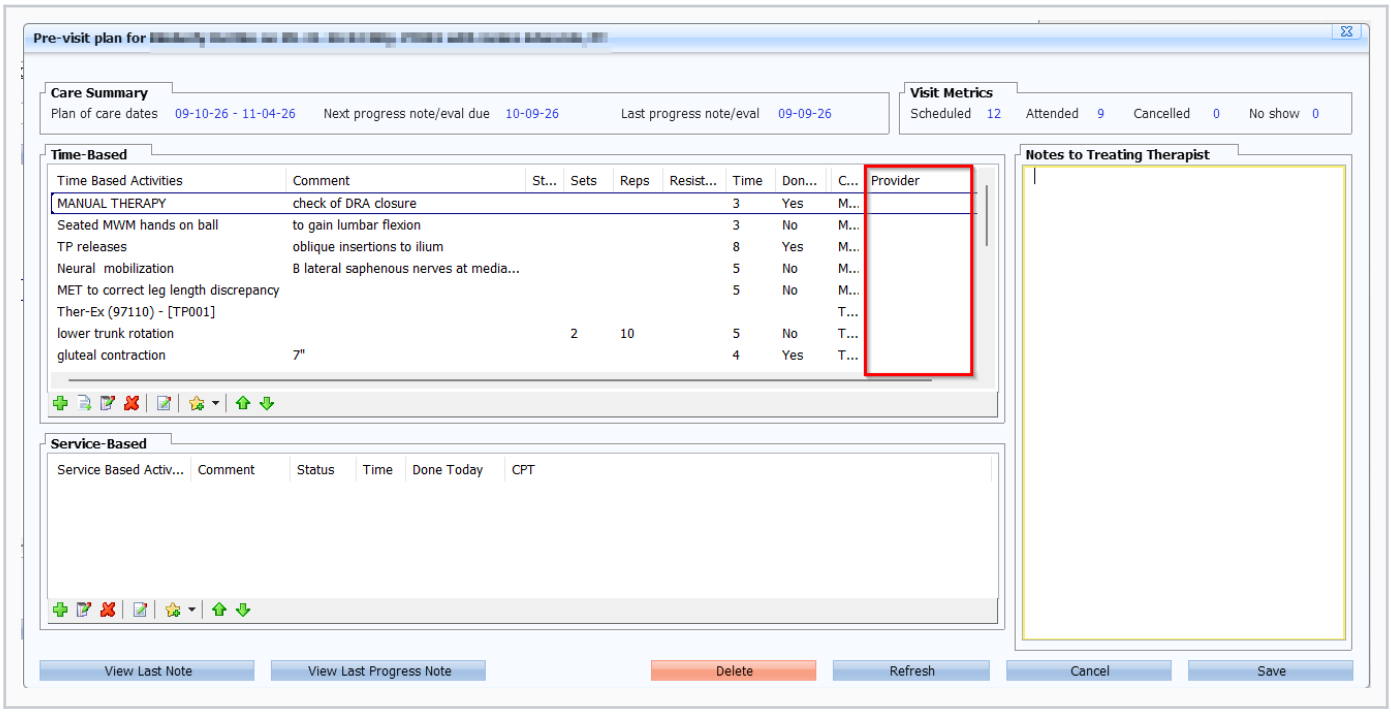
Feature / Workflow: Handoff Workflow

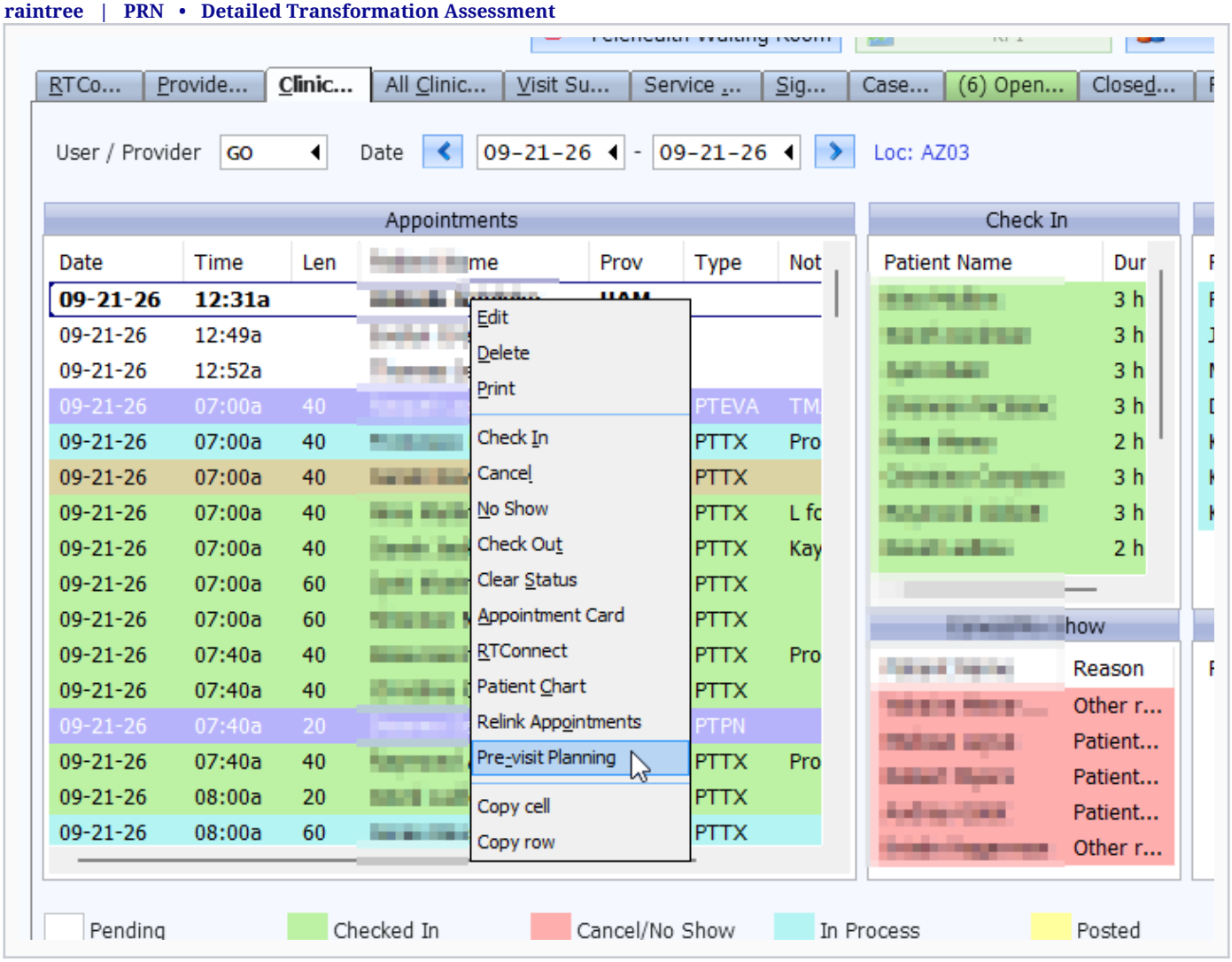
Category: Clinical Operations | **Effort:** TBD

Current State / Finding	PRN uses handoff functionality with Techs but not routinely between PTs and PTAs; providers manually change performing provider in Activities
Business Objective / Future State	Improve handoff of patients between PTs and PTAs
Requirement / Gap	Support seamless PT-to-PTA and PTA-to-PT transitions
Raintree Recommendation	Review handoff functionality, scheduling, Activities, and billing ownership Pre-Visit Planning could also be leveraged to help gain quick and easy access to the Activity Log (prior to notes), to update the

	Provider column.
Dependencies / Considerations	Billing attribution and payer rules
Outstanding Questions	Can existing handoff functionality support PRN's PT/PTA coverage model?

Supporting Screenshot / Workflow Evidence





SME validation	☐ Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Clinical Operations & Documentation | Recommendation 29 of 39

Unplanned PTA Coverage

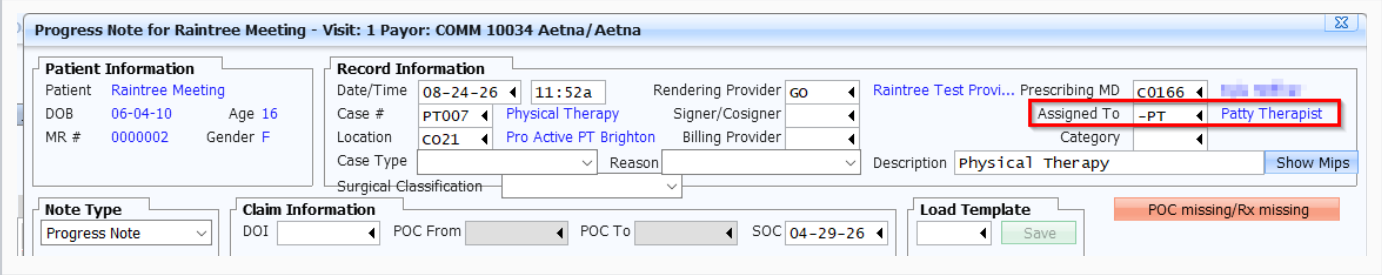
Feature / Workflow: Provider Handoff

Category: Clinical Operations | **Effort:** TBD

Current State / Finding	When a PTA helps a PT due to schedule changes, staff manually adjust provider/activity information to bill correctly
Business Objective / Future State	Handle schedule changes without manual billing corrections
Requirement / Gap	Automatically preserve appropriate rendering provider and billing attribution

Raintree Recommendation	Design standardized PT/PTA coverage workflow using handoff or configuration Re-Assign the Note in the “Assigned To” field if the note has already been started. If not, move the appointment to the new provider’s schedule.
Dependencies / Considerations	Credentialing, payer rules, billing setup
Outstanding Questions	What is the best-practice workflow when the treating provider changes during the visit?

Supporting Screenshot / Workflow Evidence



SME validation	☐ Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Clinical Operations & Documentation | Recommendation 30 of 39

Progress Report Goal Updates

Feature / Workflow: Progress Reports

Category: Clinical Documentation | **Effort:** TBD

Current State / Finding	Providers are not consistently updating goal comments/results; ScribeIQ does not automatically update the Goals section
Business Objective / Future State	Ensure goals are updated during required progress reporting
Requirement / Gap	Require or prompt goal review before progress report completion
Raintree Recommendation	Evaluate alerts, validations, required fields, and AI-assisted goal updates
Dependencies / Considerations	Provider workflow and ScribeIQ functionality
Outstanding Questions	Why are providers not consistently updating goals?

Supporting Screenshot / Workflow Evidence

No screenshot needed for this recommendation

SME validation	☐ Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Clinical Operations & Documentation | Recommendation 31 of 39

Goal Documentation for Authorization

Feature / Workflow: Progress Reports

Category: Authorization Management | **Effort:** TBD

Current State / Finding	PRN reports authorization risk when progress reports do not contain updated goals
Business Objective / Future State	Reduce authorization denials tied to incomplete goal updates
Requirement / Gap	Ensure payer-required goal updates are completed before auth submission
Raintree Recommendation	Build workflow alerts/validation around goal review and authorization milestones Add custom events to validate that goal status column values are updated / reviewed in specific note types.
Dependencies / Considerations	Payer-specific requirements
Outstanding Questions	Can this be tied to authorization due dates or payer rules?

Supporting Screenshot / Workflow Evidence

No screenshot needed for this recommendation

SME validation	☐ Configuration ☐ Change Management ☐ **Customization** ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Clinical Operations & Documentation | Recommendation 32 of 39

Progress Note Configuration

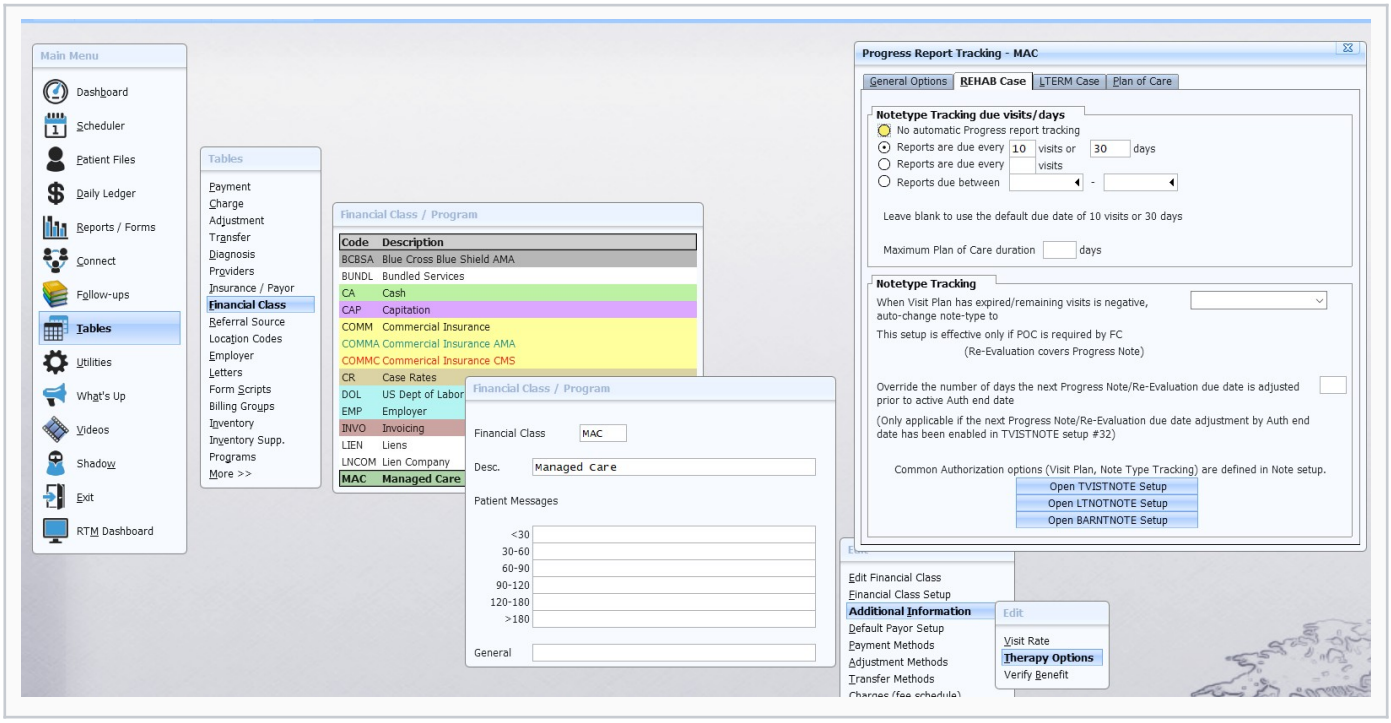
Feature / Workflow: Progress Notes

Category: Clinical Documentation | **Effort:** TBD

Current State / Finding	PRN believes clinicians may be completing more progress notes than clinically or payer-required
Business Objective / Future State	Reduce unnecessary progress-note documentation
Requirement / Gap	Align progress note timing with payer and organizational

	requirements
Raintree Recommendation	Review progress note configuration, due-date logic, and TVIST settings Progress Note intervals appear to be generally set for 10/12 visits or 30 days, whichever comes first, for most payors. This can be set up more specifically for certain FC's or individual payors, such as WC (6v or 14d). In addition, Raintree will require a PN if the POC expires either in terms of visits or date range.
Dependencies / Considerations	Payer variation
Outstanding Questions	Which current configurations are driving unnecessary progress notes?

Supporting Screenshot / Workflow Evidence



SME validation	☐ **Configuration** ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Clinical Operations & Documentation | Recommendation 33 of 39

Plan of Care Configuration

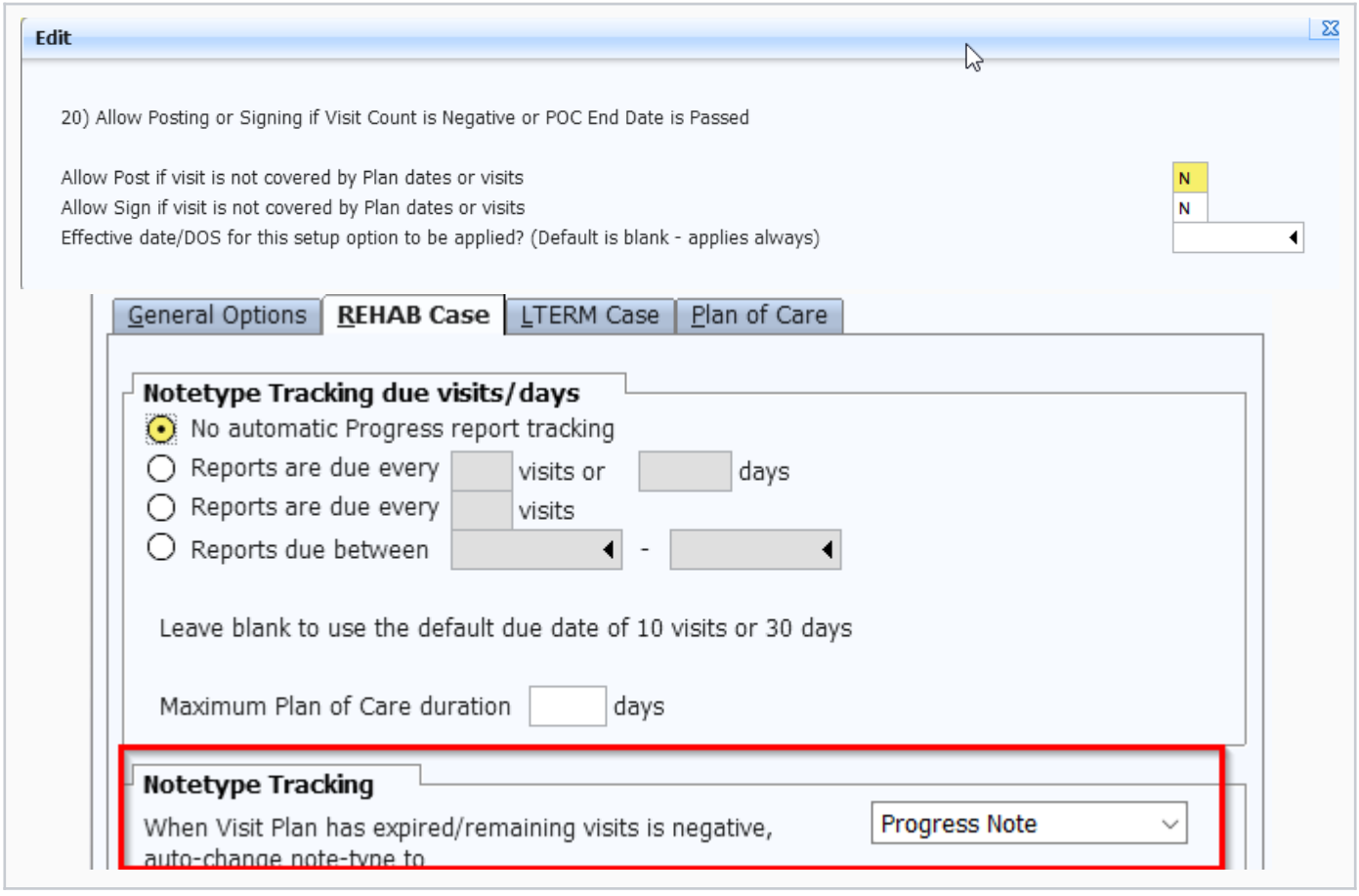
Feature / Workflow: Plan of Care

Category: Clinical Documentation | **Effort:** TBD

Current State / Finding	PRN has uncoupled POC from progress notes, but workflow still

	creates unnecessary documentation in some cases
Business Objective / Future State	Optimize POC and progress-note relationship
Requirement / Gap	Configure POC timing and requirements appropriately by payer/workflow
Raintree Recommendation	Conduct POC configuration review alongside progress-note review Only POC requirements in the system are ICD-10 codes, Planned Services, Frequency/Duration, at least one active goal, and Clinical Impression. These validations exist as part of the TVIST note and do not require the clinician to document them separately. The POC is only required to be updated if the patient's plan runs out of planned visits or if the date range expires.
Dependencies / Considerations	Regional and payer requirements
Outstanding Questions	Can POC and progress-note requirements vary by payer or region?

Supporting Screenshot / Workflow Evidence



SME validation	☐ Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved

	☐ Needs Additional Validation

Clinical Operations & Documentation | Recommendation 34 of 39

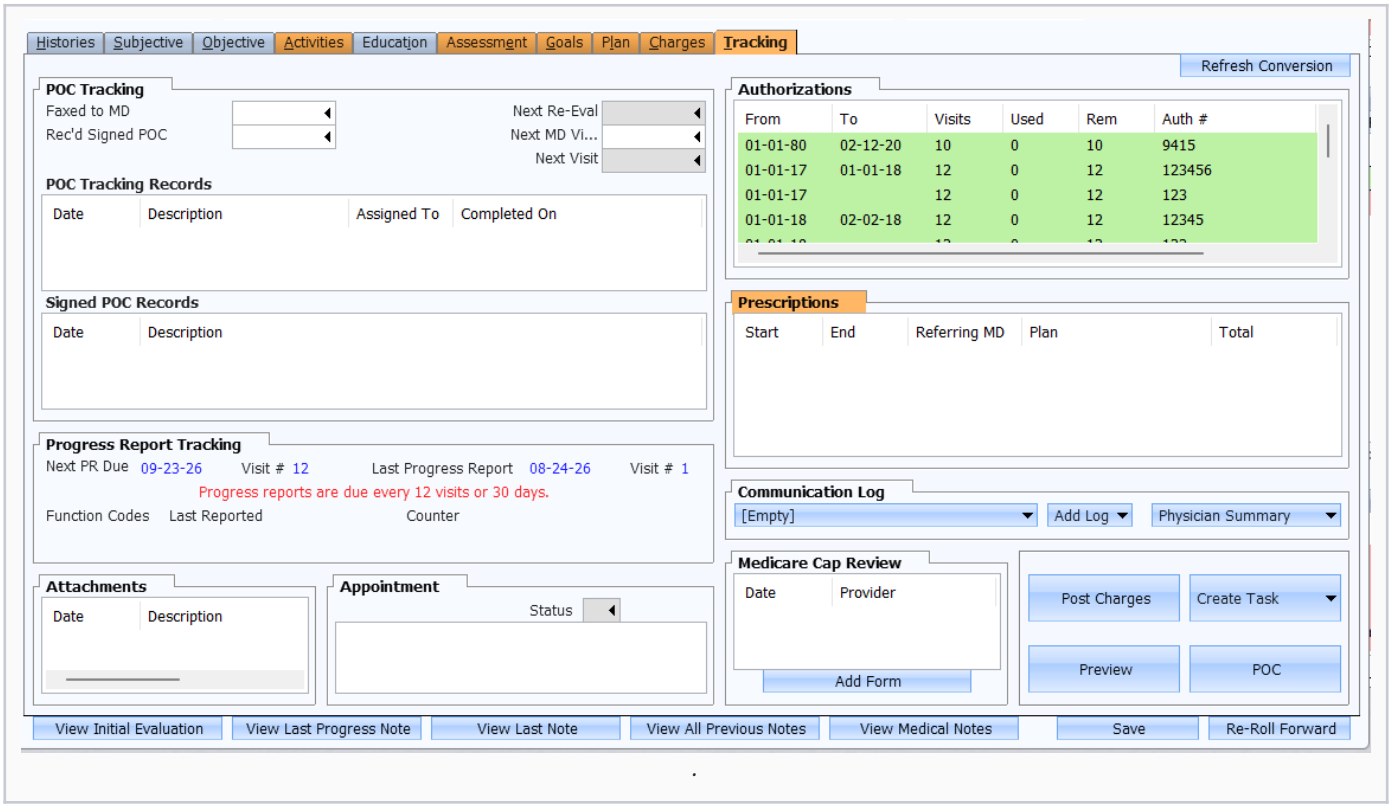
Tracking Tab Adoption

Feature / Workflow: Tracking Tab

Category: Clinical Operations | **Effort:** Low

Current State / Finding	PRN clinicians are generally not using the Tracking Tab and were not consistently trained on it
Business Objective / Future State	Determine whether Tracking Tab can improve clinical visibility
Requirement / Gap	Determine if the Tracking Tab adds value, especially for MD orders/Rx and required clinical tasks
Raintree Recommendation	Conduct workflow demonstration and use-case review Tracking gives visibility into POC records, authorizations, prescriptions, Medicare Cap, Appointment Comments, attachments, as well as Progress Note due dates. It is recommended to use this tab as needed for visibility purposes.
Dependencies / Considerations	May require front-office process alignment
Outstanding Questions	What should PRN use Tracking for, and which workflows should remain elsewhere?

Supporting Screenshot / Workflow Evidence



SME validation	☐ Configuration ☐ **Change Management** ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Clinical Operations & Documentation | Recommendation 35 of 39

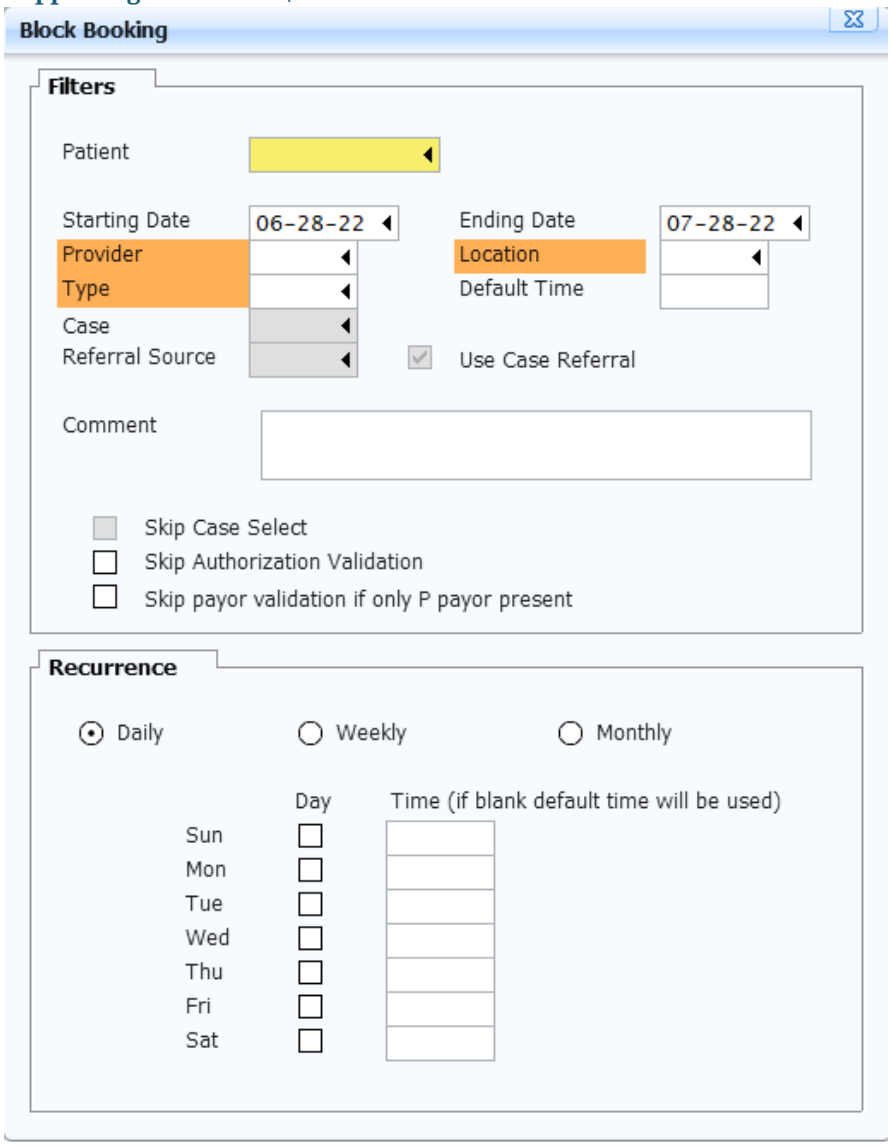
Provider Scheduling of POC

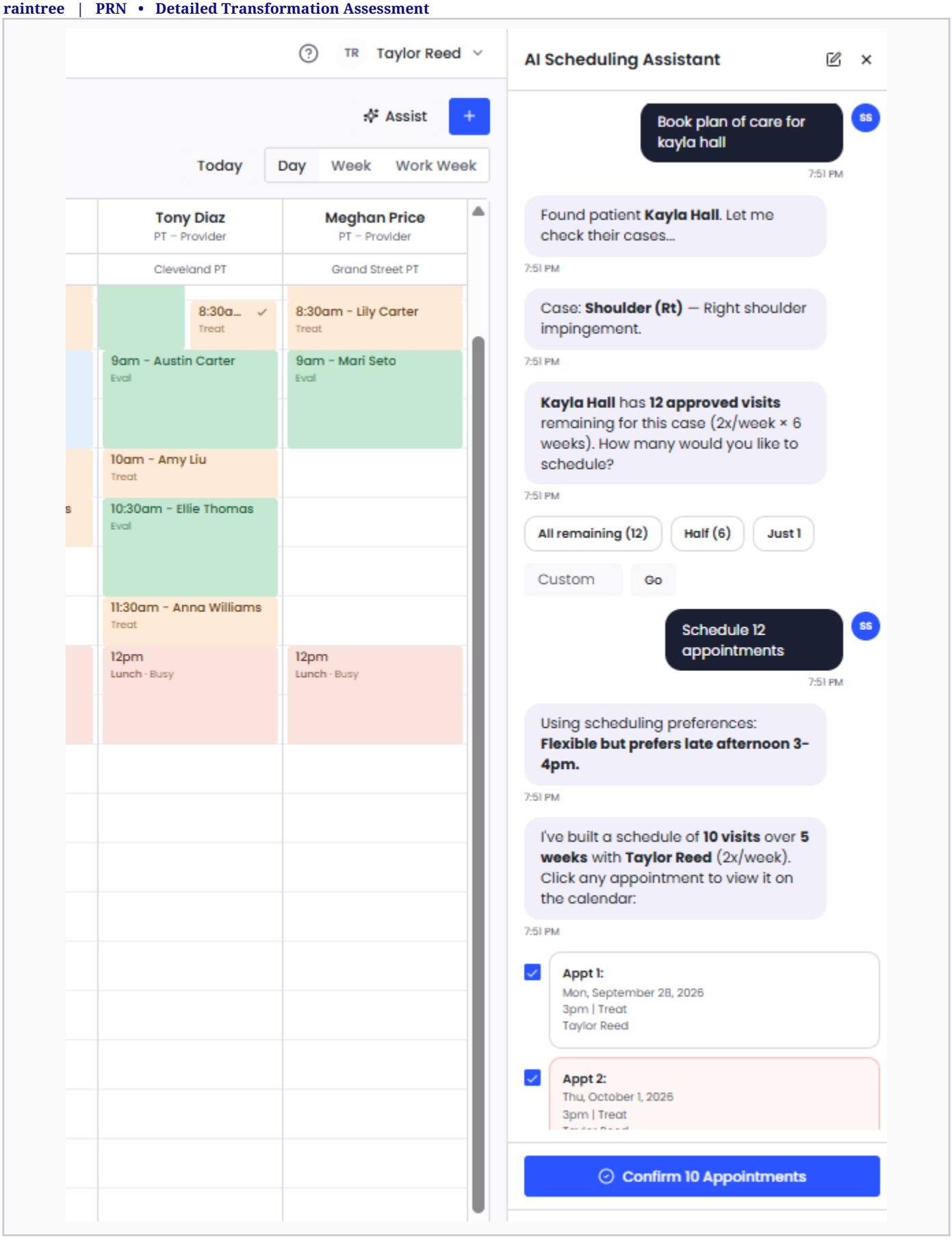
Feature / Workflow: Scheduling

Category: Scheduling | **Effort:** TBD

Current State / Finding	Providers sometimes schedule their own full POC; copying/pasting appointments is time-consuming
Business Objective / Future State	Improve efficiency when clinicians schedule future visits
Requirement / Gap	Make recurring/future visit scheduling easier
Raintree Recommendation	Review scheduling tools such as Block Booking. Block booking refers to scheduling a batch of appointments in the future. For example, you can block book appointments for specific patients or with specific appointment types. No previous appointments are needed to use block booking Review front-office/provider ownership of scheduling
Dependencies / Considerations	May overlap Front Office workflow
Outstanding Questions	SchedulerIQ will allow for full Chatbot POC scheduling. In Beta in Q4 2026.

Supporting Screenshot / Workflow Evidence




TR Taylor Reed
Assist
Today
Day
Week
Work Week
Tony Diaz
PT – Provider
Meghan Price
PT – Provider
Cleveland PT
Grand Street PT
8:30a...
Treat
8:30am - Lily Carter
Treat
9am - Austin Carter
Eval
9am - Mari Seto
Eval
10am - Amy Liu
Treat
10:30am - Ellie Thomas
Eval
11:30am - Anna Williams
Treat
12pm
Lunch · Busy
12pm
Lunch · Busy
AI Scheduling Assistant
Book plan of care for kayla hall
SS
7:51 PM
Found patient Kayla Hall. Let me check their cases...
7:51 PM
Case: Shoulder (Rt) — Right shoulder impingement.
7:51 PM
Kayla Hall has 12 approved visits remaining for this case (2x/week × 6 weeks). How many would you like to schedule?
7:51 PM
All remaining (12)
Half (6)
Just 1
Custom
Go
Schedule 12 appointments
SS
7:51 PM
Using scheduling preferences: Flexible but prefers late afternoon 3-4pm.
7:51 PM
I've built a schedule of 10 visits over 5 weeks with Taylor Reed (2x/week). Click any appointment to view it on the calendar:
7:51 PM
Appt 1:
Mon, September 28, 2026
3pm | Treat
Taylor Reed
Appt 2:
Thu, October 1, 2026
3pm | Treat
Confirm 10 Appointments

SME validation	☐ Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Clinical Operations & Documentation | Recommendation 36 of 39

Patient-Specific Payer Forms

Feature / Workflow: Digital Forms

Category: Clinical Workflow | **Effort:** TBD

Current State / Finding	Providers review patient-specific forms for UHC, Cigna, Humana, BCBS and others on paper and manually use information for authorization portals
Business Objective / Future State	Eliminate paper review of payer-specific clinical forms
Requirement / Gap	Digitize forms and make relevant clinical data readily available
Raintree Recommendation	Review Kiosk/Portal/custom forms and structured capture options by payer/region
Dependencies / Considerations	Payer-specific forms and regional variation
Outstanding Questions	Need the form examples for further review?

Supporting Screenshot / Workflow Evidence

No screenshot needed for this recommendation

SME validation	☐ Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Clinical Operations & Documentation | Recommendation 37 of 39

Provider-to-Patient Texting

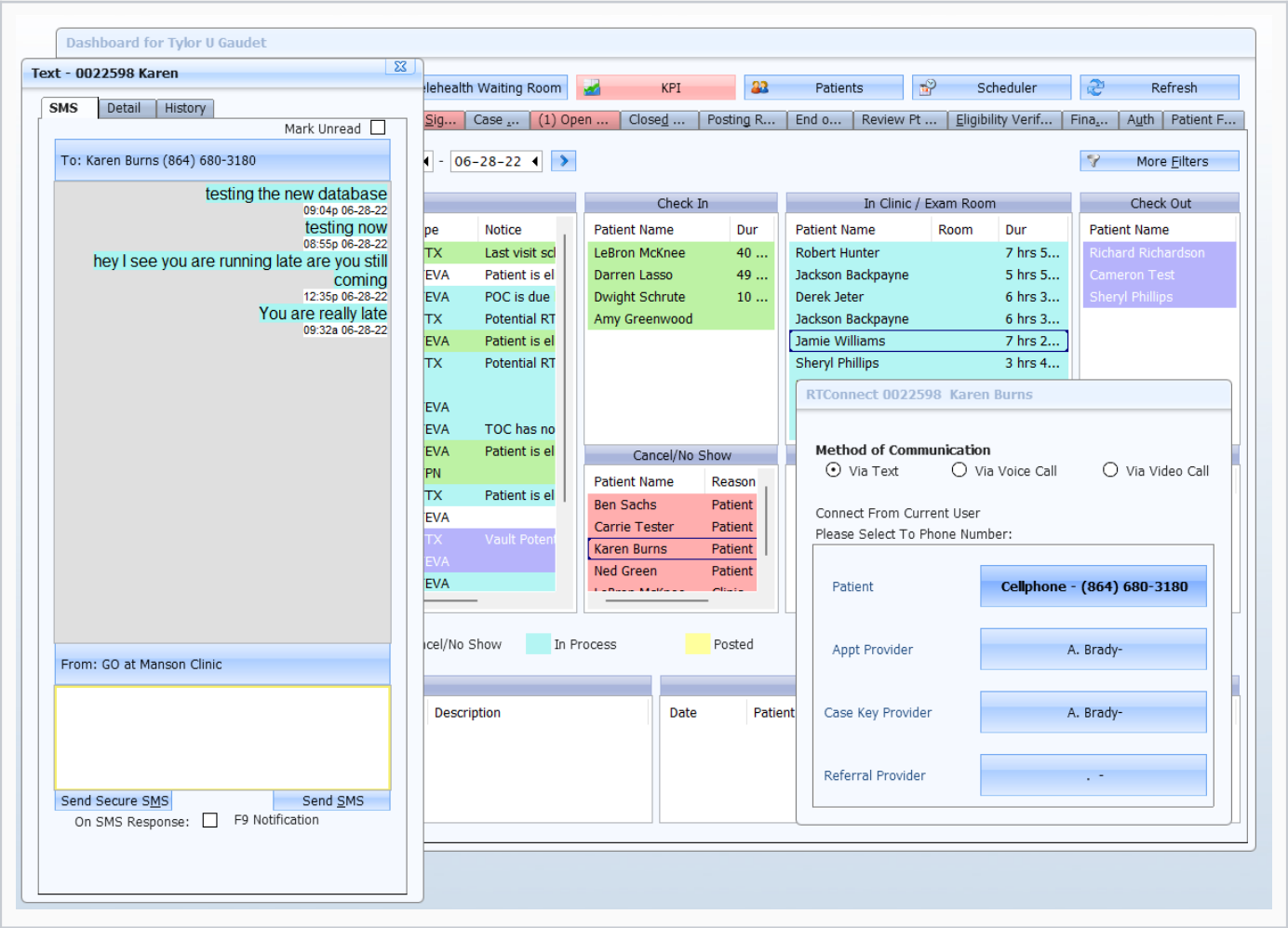
Feature / Workflow: RTConnect

Category: Patient Engagement | **Effort:** Low-Medium

Current State / Finding	Bi-directional texting is used mostly by front office; providers have limited/inconsistent access
Business Objective / Future State	Improve direct communication between clinicians and patients
Requirement / Gap	Enable appropriate clinicians to send and receive patient text messages
Raintree Recommendation	Review RTConnect permissions, dashboard access, and on-

	demand texting workflow
Dependencies / Considerations	Role-based access and message ownership
Outstanding Questions	Should all treating providers have RTConnect texting access?

Supporting Screenshot / Workflow Evidence



SME validation	☐ Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Clinical Operations & Documentation | Recommendation 38 of 39

RTConnect Messaging Access

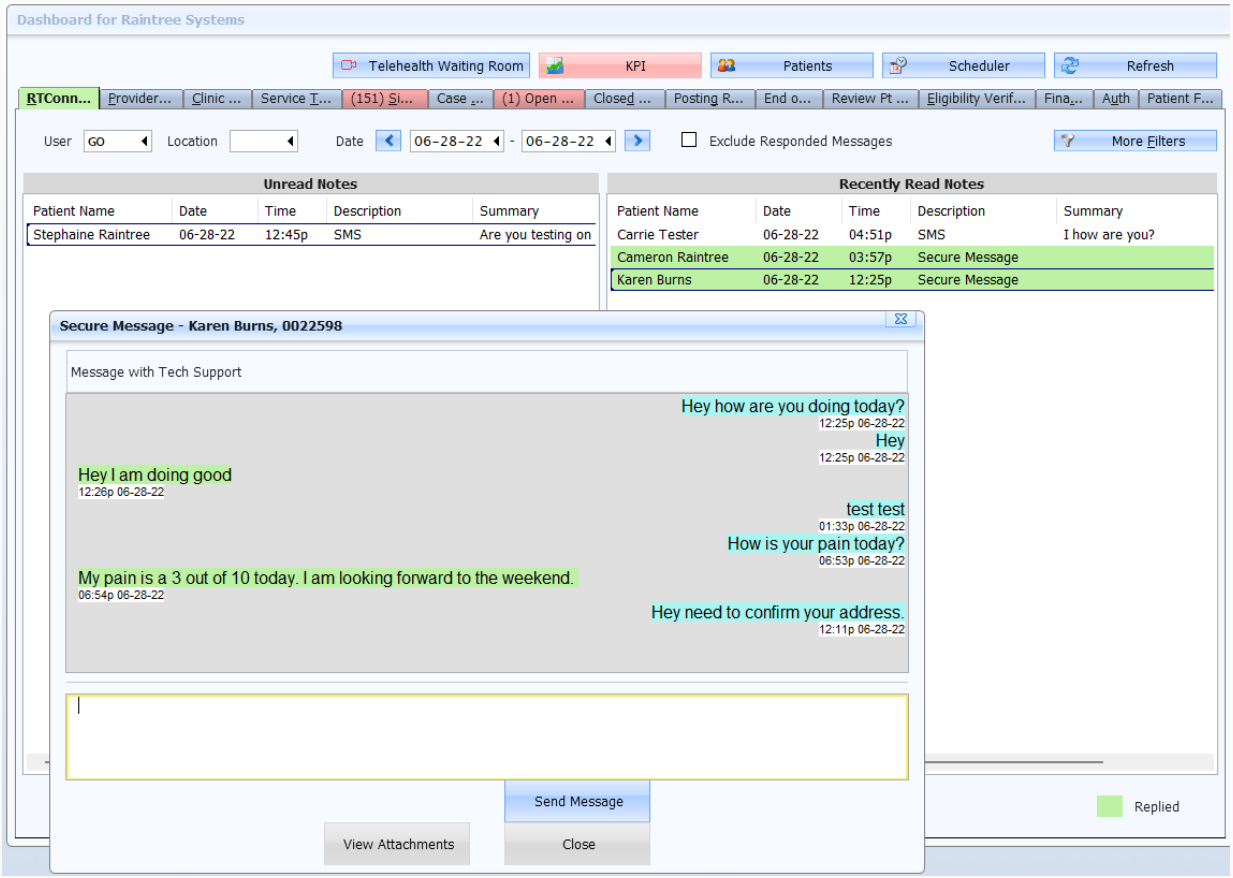
Feature / Workflow: RTConnect

Category: Patient Engagement | **Effort:** TBD

Current State / Finding	RTConnect messaging/dashboard is not consistently available to clinicians

Business Objective / Future State	Surface patient messages within clinical workflow
Requirement / Gap	Ensure clinicians can see and respond to relevant patient messages
Raintree Recommendation	Configure provider access and notification workflow
Dependencies / Considerations	May require role/security changes
Outstanding Questions	Can messages be routed to specific treating clinicians or teams?

Supporting Screenshot / Workflow Evidence



SME validation	☐ Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Clinical Operations & Documentation | Recommendation 39 of 39

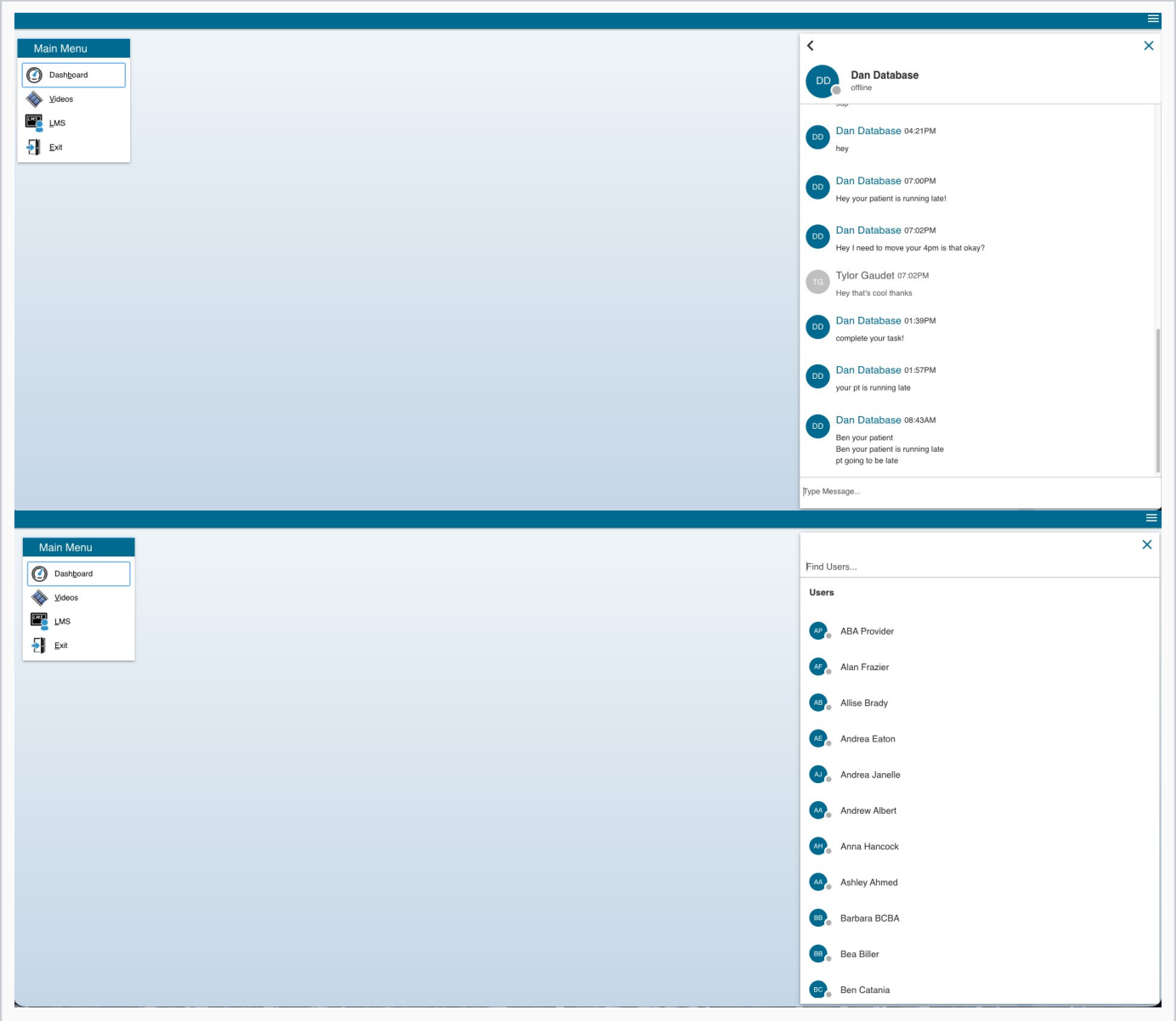
In-App Chat

Feature / Workflow: Raintree Chat

Category: Internal Communication | **Effort:** Low-Medium

Current State / Finding	PRN does not use Chat messaging in Classic and currently relies on Teams
Business Objective / Future State	Reduce need to leave Raintree for routine operational communication
Requirement / Gap	Determine whether in-app messaging can improve real-time clinical/front-office coordination
Raintree Recommendation	Evaluate enabling internal Raintree Chat for defined use cases
Dependencies / Considerations	Teams is established enterprise communication platform
Outstanding Questions	Is there value in enabling Raintree Chat for patient-arrival, late-patient, or clinic-specific communications?

Supporting Screenshot / Workflow Evidence



SME validation	☐ Configuration ☐ Change Management

	☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Revenue Cycle Management

Subcategory	Count
Billing	**13**
Reports	**1**

Revenue Cycle Management | Recommendation 1 of RCM#

Updating Payors

Category: Billing

Current State / Finding	Shama was saying a screen was missing and requiring her to go back and add necessary info - for example the missing info can include the subscriber details when the relationship is anything other than “self” and would include the subscriber name and DOB when the relationship is spouse or child.
Business Objective / Future State	The objective here is to prompt all within one screen during the insurance change process for the user to gather all of their needed details from the patient for the insurance subscriber.
Requirement / Gap	The current process for updating these details is to make the insurance change and then circle back to the details being the payor and input the subscriber name and DOB if the subscriber is someone other than the patient themself.
Raintree Recommendation	There are really 2 avenues for improvement here that may help. With the first having a simplified workflow for the teams to follow, the SBP coverage correction tool option helps to enforce that the coverage correction process must be followed by users upon saving a change to the payors. This also provides the benefit of an updated workflow that does not have the user have to later go back and add the details for the parent or spouse if the policy is from a different member of the family. The second area of consideration is the ledger verifier that can help to surface when there are potential issues and help to resolve them early. The ledger verifier can be set to run automated solvers when there is a proposed solution from Raintree. This can also be run as a scheduled report that can help to highlight if and when there are common mistakes that can be used for internal training.
Dependencies / Considerations	Dependency for the proposed solution to use SBP workflow is a new enhancement that is behind a feature flag in latest service packs that the database would need to be on recent Raintree production service pack.
Outstanding Questions	N/A

Supporting Screenshot / Workflow Evidence

WORKFLOW IMAGES

The process is shown in detail in the following workbook section:

Pre-con TherapyCon - Handout - Coverage Correction-hour 1 - pages 15

SME validation	☐ Configuration X Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Revenue Cycle Management | Recommendation 2 of RCM#

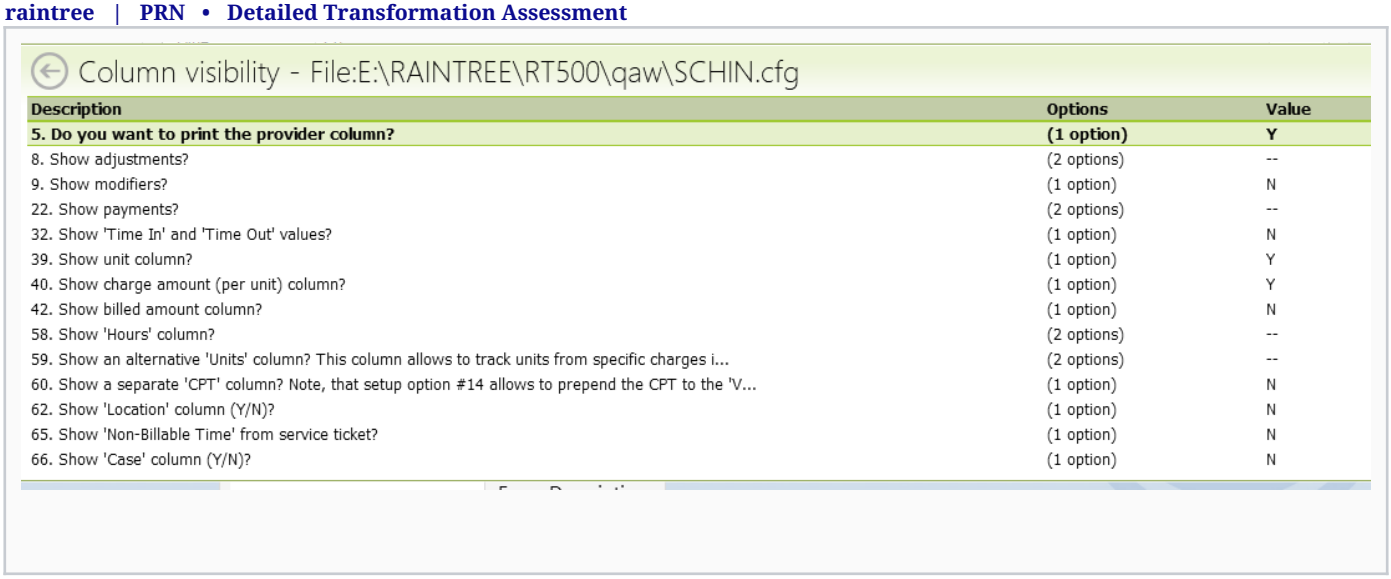
Form Script - SCHIN Flexibility in Column Configuration

Category: Billing

Current State / Finding	Currently there are a number of options for what details to show in the output for SCHIN invoices, however some of these display the Raintree internal quick code rather than the spelled out description or name.
Business Objective / Future State	To meet desired output requests from payor sources
Requirement / Gap	The gap/challenge is specifically with requests to include details for providers to have a column display the provider first and last name instead of the provider Raintree quick code.
Raintree Recommendation	This would be a custom option to add additional columns to be able to configure within the form scripts specific to each payor what they would like to see included in the output. (Or added as a suggestion for future standard enhancement)
Dependencies / Considerations	It would need to be considered that this request may vary for different payors that are billed via SCHIN format.
Outstanding Questions	This would be able to add additional columns based on the payor request. The PRN team noted they have a current SOW for this request. Case 108006 is where this SOW request is currently being tracked - but this was for a custom report to send with the HCFA didn't have to do with any changes to the SCHIN invoice so this would be an additional element to the customization request to consider and add into the SOW request to ensure that the applicable payor sources that this would be requested for are noted.

Supporting Screenshot / Workflow Evidence

SCREENSHOT FOR CURRENT COLUMN VISIBILITY OPTIONS


Column visibility - File:E:\RAINTREE\RT500\qaw\SCHIN.cfg

Description	Options	Value
5. Do you want to print the provider column?	**(1 option)**	**Y**
8. Show adjustments?	(2 options)	--
9. Show modifiers?	(1 option)	N
22. Show payments?	(2 options)	--
32. Show 'Time In' and 'Time Out' values?	(1 option)	N
39. Show unit column?	(1 option)	Y
40. Show charge amount (per unit) column?	(1 option)	Y
42. Show billed amount column?	(1 option)	N
58. Show 'Hours' column?	(2 options)	--
59. Show an alternative 'Units' column? This column allows to track units from specific charges i...	(2 options)	--
60. Show a separate 'CPT' column? Note, that setup option #14 allows to prepend the CPT to the 'V...	(1 option)	N
62. Show 'Location' column (Y/N)?	(1 option)	N
65. Show 'Non-Billable Time' from service ticket?	(1 option)	N
66. Show 'Case' column (Y/N)?	(1 option)	N

SME validation	☐ Configuration ☐ Change Management X Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Revenue Cycle Management | Recommendation 3 of RCM#

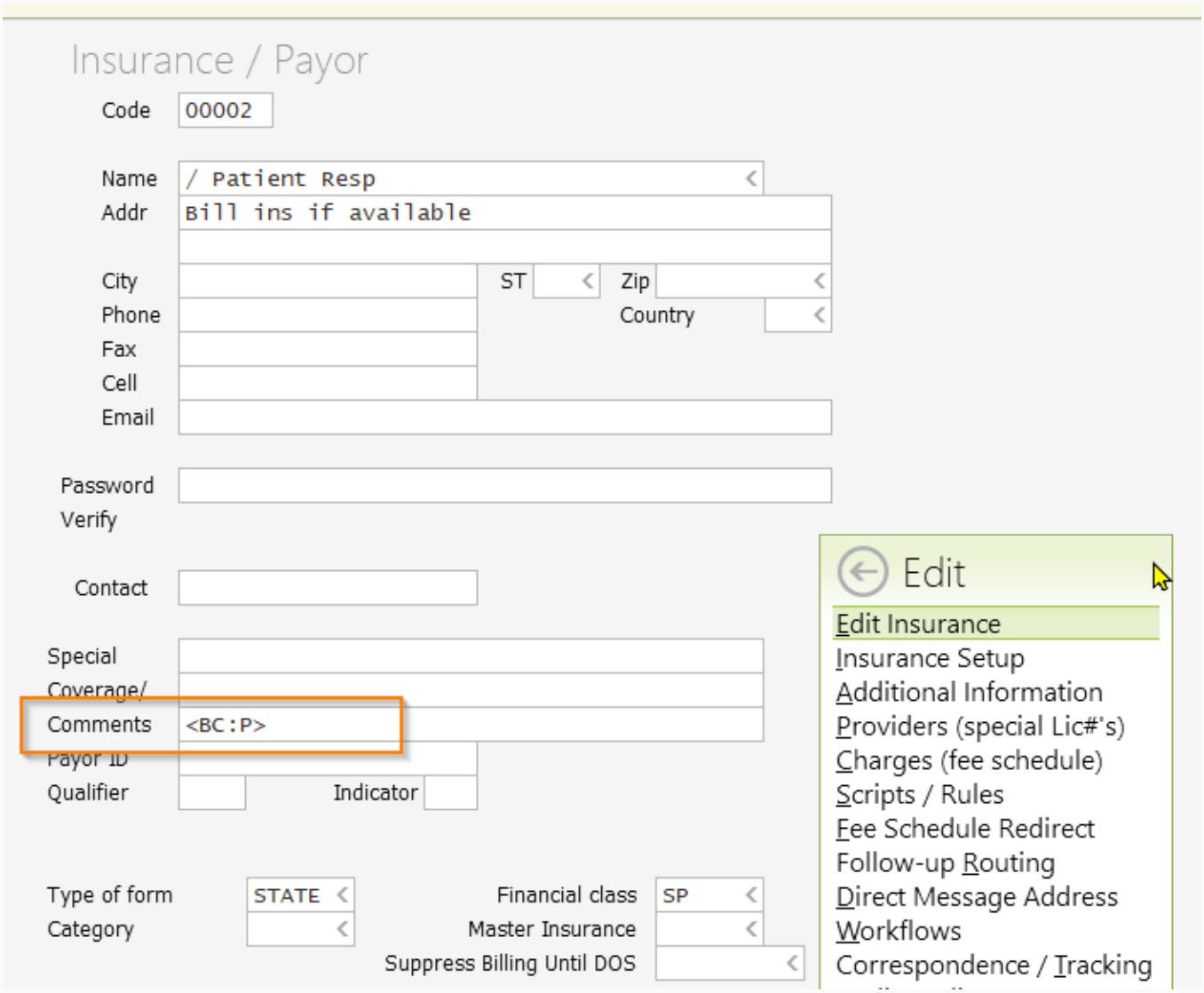
Payor - Restriction on the BC selection option based on the comments section within that payor

Category: Billing

Current State / Finding	This is an option currently for P payors that we can add <BC:P> within the comments to limit the selection for that payor record to only the billcode of P.
Business Objective / Future State	To help prevent mistaken selections the team would like the option for other payors to be able to indicate that the billcode can NOT be a P payor.
Requirement / Gap	Currently there is not an option and we are not prevented from adding a payor as a P billcode if the comment reads as <BC:<>P> which would be read as the Billcode is greater or less than (meaning not equal to) P.
Raintree Recommendation	This would be an option to limit payors like the <BC:P> comment that would only allow a payor to be selected as a P, but instead would be something like does not equal a P. Currently this would be a custom request or a suggestion for a future enhancement.
Dependencies / Considerations	N/A as this would be an added safety precaution
Outstanding Questions	N/A - The concern is that users may mistakenly select an insurance and place it in the P payor position mistakenly.

Supporting Screenshot / Workflow Evidence

SCREENSHOT WHAT IS CURRENTLY USED TO LIMIT SELF PAY PAYORS TO A BILLCODE OF P ONLY:



Use the screenshot to visually support the recommendation and show the applicable Raintree workflow/configuration.

SME validation	☐ Configuration ☐ Change Management X Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Revenue Cycle Management | Recommendation 4 of RCM#

Scheduling Restrictions in the Provider Table

Category: Billing

Current State / Finding	When there are filtered entries for a provider within the provider table the option for scheduler limitations is no longer available. The schedule limitations only are an option to define

	behind a default entry for a specific provider.
Business Objective / Future State	There are a few goals that would be desired: A. No changes need to the current method used to structure entry of providers into the provider table where they are only applicable to the locations at which they actually treat B. This would allow to set scheduling restriction rules specific for filtered entries based on insurance/payor to correspond with the provider's credential status
Requirement / Gap	The schedule limitations only are an option to define behind a default entry for a specific provider.
Raintree Recommendation	This would be an enhancement that would allow the scheduler restrictions to be put in place specific to the filtered entries within the provider table.
Dependencies / Considerations	Consider that the structure of the provider table currently includes filters for each provider for the locations at which they actually work out of.
Outstanding Questions	When adding a filtered entry for providers this in turn causes the tab for setting scheduling restrictions to go away. The typical workflow is that the PRN team will always put provider in with filter to a typical location they work at, but they want the scheduling restrictions to put things such as "particular appt types are disallowed" for example that IE - initial eval is disallowed if this person is a PTA or there is a specific insurance filtered entry that the provider may not yet be credentialed with that payor.

Supporting Screenshot / Workflow Evidence

SCREENSHOT EXAMPLE WITH FILTERED ENTRIES IN PRN DATABASE:

Provider Table

Code	Prg	Loc	FC	Ins	Name	Lic	Suppress Billing
AAMC		**NV06**			**Aaron McDonald**	**1043677610**	
		NV07				1043677610	
		NV08				1043677610	
		NV09				1043677610	
AAND		AZ17			Alexis Anderson	1184314049	
		AZ23				1184314049	
AAPE		SC81			Aaron Peregrino		
AARE		SC08			Anjelica Arellano	1457175952	
		SC40				1457175952	
AASO					Aaron Sorvig	1679634661	
		ND02				1679634661	
AASU		WA20			Aaron Sun		
AAVI		AZ14			Aaron Viloria		
AAWE		TX54			Aaron Weidenaar T	1649054065	
ABAK		SC28			Ashley Bakhadj		
ABBE		CO17			Abigail Bergeron	1891686762	
ABCA		TX67			Abbey Calabrese		
ABEN		SC17			Abigail Ennenga	1215807409	
		SC17	MC			1215807409	12-31-26
		SC18				1215807409	
ABES		SC15			Abigail Estrada		
ABET		NC30			Abasi Ikpongke Etok		
ABGO1		SC69			Abigail Godinez		
		SC70					
		SC75					

TAB THAT IS PRESENT BEHIND DEFAULT ENTRY FOR A PROVIDER:

Provider - Barbara BCBA

Signing / Billing | Scheduler | MIPS Reporting

Override Scheduler Setup from

Scheduling Setup

Allow only these Appointment Types

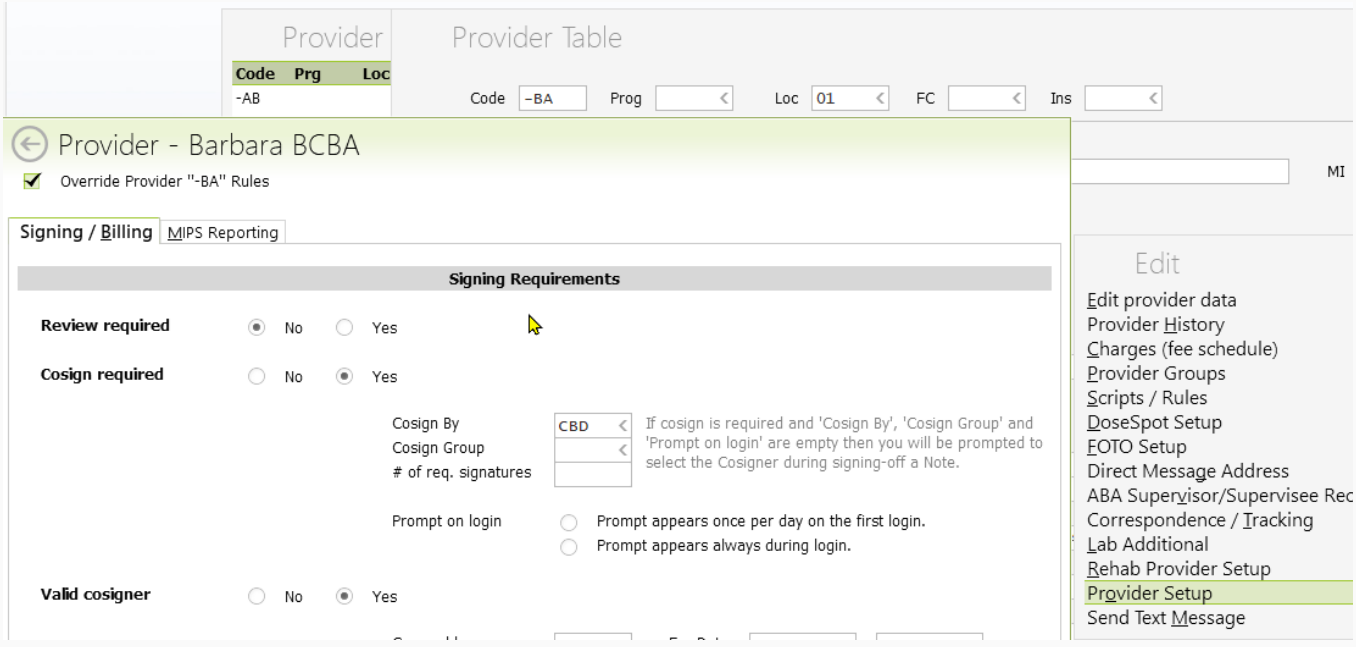
Code	Description
ABDTX	ABA Direct Treatment
ABFUE	ABA Follow Up Eval
ABIE	ABA Initial Evaluation
ABPMO	ABA Protocol Modification
ABPRN	ABA Progress Note
ABPTR	ABA Parent Training
ABREV	ABA Re-Evaluation
ABSUP	ABA Supervision
AUEV	Audiology Evaluation
AUFU	Audiology Follow up

ABA Protocol Modification

Deny these Appointment Types

Code	Description
ABDTX	ABA Direct Treatment
ABFUE	ABA Follow Up Eval
ABIE	ABA Initial Evaluation
ABPMO	ABA Protocol Modification
ABPRN	ABA Progress Note
ABPTR	ABA Parent Training
ABREV	ABA Re-Evaluation
ABSUP	ABA Supervision
AUEV	Audiology Evaluation
AUFU	Audiology Follow up

HOW THIS APPEARS BEHIND FILTERED ENTRIES FOR THIS PERSON:



Use the screenshot to visually support the recommendation and show the applicable Raintree workflow/configuration.

SME validation	☐ Configuration ☐ Change Management X Customization X Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Revenue Cycle Management | Recommendation 5 of RCM#

Reports in Raintree - Report Scheduler

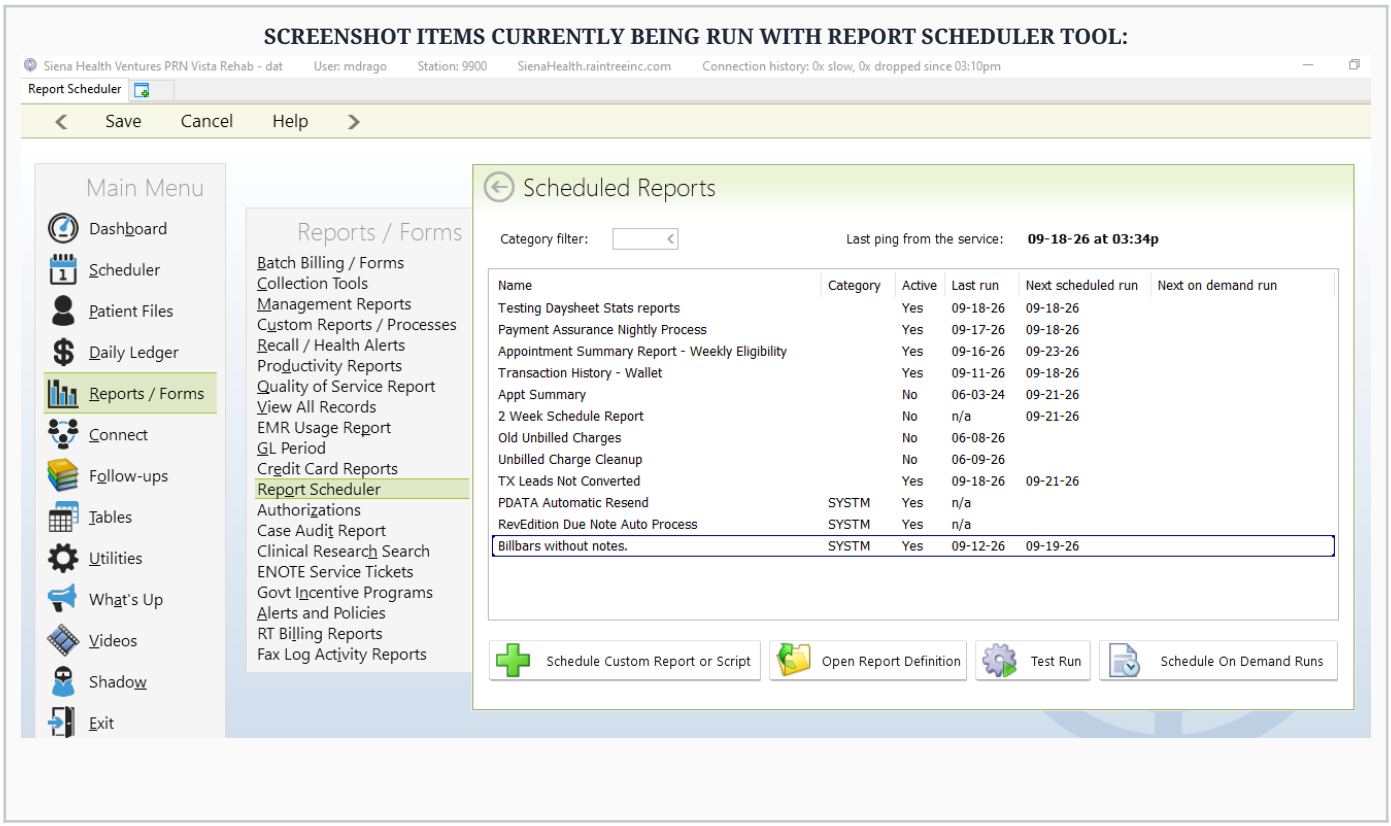
Category: Reports and Billing

Current State / Finding	Due to the size of the data set being collected these can take hours to compile and produce a result
Business Objective / Future State	Reporting to be run with consistent filtering to ensure comparisons to historical status demonstrate a true (apples to apples) comparison
Requirement / Gap	A. There is the concern with the amount of time due to size of the data set for a report to run B. If reporting data or stats are instead gathered off of a BI dashboard the details displayed on the dashboards may not be compiling details with the same filtering of data that has been used historically, which in turn makes this challenging to have true comparisons where the same filtering would be used.
Raintree Recommendation	This was discussed further in the calls with BI dashboards and tools as these export data and show similar data, but the filtering in some cases is different than what had been used historically.

	To allow reports within Raintree to run with the same historical filters and to allow enough time for them to successfully finalize, we would suggest to run these based on the report scheduler to allow them to run with an automated process that can kick off behind the scenes and run during off hours. The resulting report can then be sent to a task or email to be waiting for the applicable user to review the subsequent business day.
Dependencies / Considerations	concerns about system stability and slowness were voiced--specifically concerned about PATIENT AGING REPORT
Outstanding Questions	Christina said some reports they have used forever in RT classic are slow and then they are being told to move them to BI--saying reports that used to take 30 min are now taking 1.5 hours, causing them to schedule reports or not be able to run them during business hours . They said by creating it as a scheduled report, it conflicted with batch billing profiles which caused “a mess.” The most recent solution is "go to BI" but they are coming into challenges in getting it to match exactly the same in BI as it was in Raintree. In classic RT they run Simple Aging. BI report created Patient Aging without Zero Balance.

Supporting Screenshot / Workflow Evidence

SCREENSHOT ITEMS CURRENTLY BEING RUN WITH REPORT SCHEDULER TOOL:



SME validation	X Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Refunds

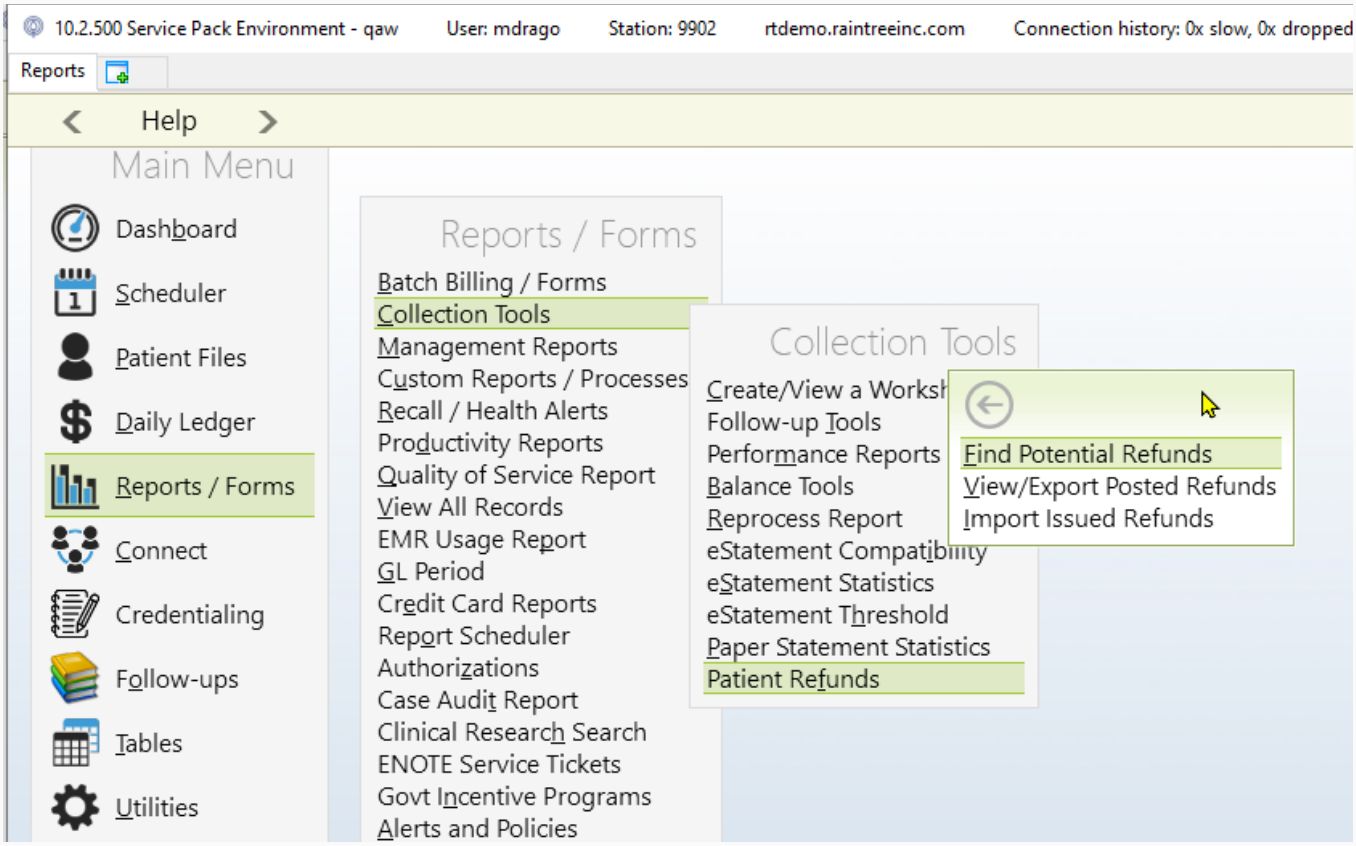
Category: Billing

Current State / Finding	This is a manual process in which the team is refunding the credit card for the patient, but refunding the overpayments from each applicable payment line item within that patient ledger.
Business Objective / Future State	The goals would be to simplify the identification, validation, review and issuing or refunds to patients. Long term also want to ensure the amounts collected at time of service as close to accurate as possible to help reduce the need for refunds to be issued in scenarios of patient overpayment.
Requirement / Gap	The current workflow leaves desired improvements where there can be several transactions that are reversed to accomplish the refund in full. There is also not an automated stop in the process for a review to occur.
Raintree Recommendation	The recommendations here approach the topic from two points of view: Retroactive Refunds: to ensure an easy process with the Refunds that need to be issued. With refunds there are a few standard tools that can be employed to aid efficiency of the processing of refunds: A. Find potential refunds - https://kb.raintreeinc.com/help-10-2-500=find-potential-refunds-utility and B. Import issued refunds- to in bulk post those so that these are not an item a user would need to enter. - https://kb.raintreeinc.com/help-10-2-500=import-issued-refunds-screen C. Review and processing using Rev-Edition Follow up Dashboard for visibility into the processing - https://kb.raintreeinc.com/help-10-2-500=work-with-refunds-in-rev-edition Proactive: to help ensure that at time of service the amount collected is as close to accurate as possible. This is where tools and options within the Patient Payment Agreement and Counseling Form (PPAC) can be used and templates to aid in their setup defined to model specific common scenarios. For example, setting models for when there is a high deductible plan and payment condition would indicate to only use the required payment while deductible not met, or for patients where insurance coverage may be inconsistent to only use when no insurance coverage.
Dependencies / Considerations	Shama added that there is a way on the ledger to refund the credit card, but its very manual. Today, they run the refund utility about once/month, exports to spreadsheet, then refund follow ups created. Humans have to manually follow up on this -- then they have to review how patients paid via credit card, etc, then they need to refund manually across different credit cards potentially. They want their patient account representatives

	(PARs) focused in other areas. They are also calling out considering use of Confido to help with incoming calls re this vs PAR.
Outstanding Questions	They want a very efficient simple process for refunds. They want the text communication that kicks out saying do you want this refund to this acct. The example that was mentioned specifically would be a message with something along the lines of "historically you paid with a credit card ending in 1234, would you like a refund sent to this card?"and if the patient responds with yes, they want this to happen automatically. PRN says refunds are a huge pain point for them.

Supporting Screenshot / Workflow Evidence

SCREENSHOTS FOR EXAMPLE WORKFLOW STARTING FROM CHECK FOR POTENTIAL REFUNDS:

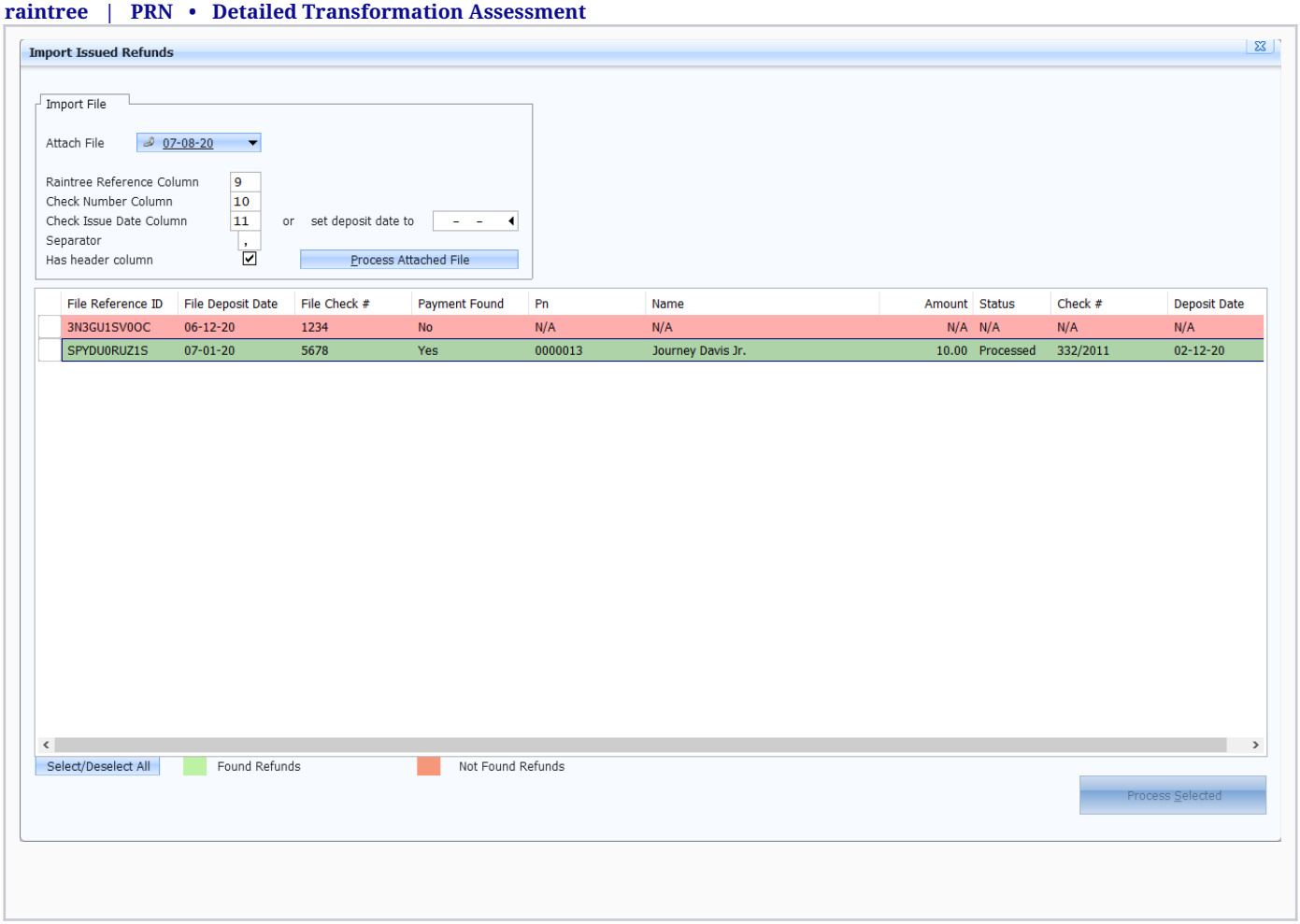


This can first be run in report mode to review the patient accounts and then re-run in the mode to create follow-up notes, so that these can be worked from the follow up dashboard.

Patient potential Refunds

Account with credit Patient balance, $0 Insurance balance, no Ledger activity in last 30 days prior, no future appointments, no open Refund Follow-up notes

Pn	Patient Balance
0011938	-20.00
0011946	-50.00
0011949	-4.54
Total	**-74.54**



SME validation	☐ Configuration X Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Revenue Cycle Management | Recommendation 7 of RCM#

OTC Collections

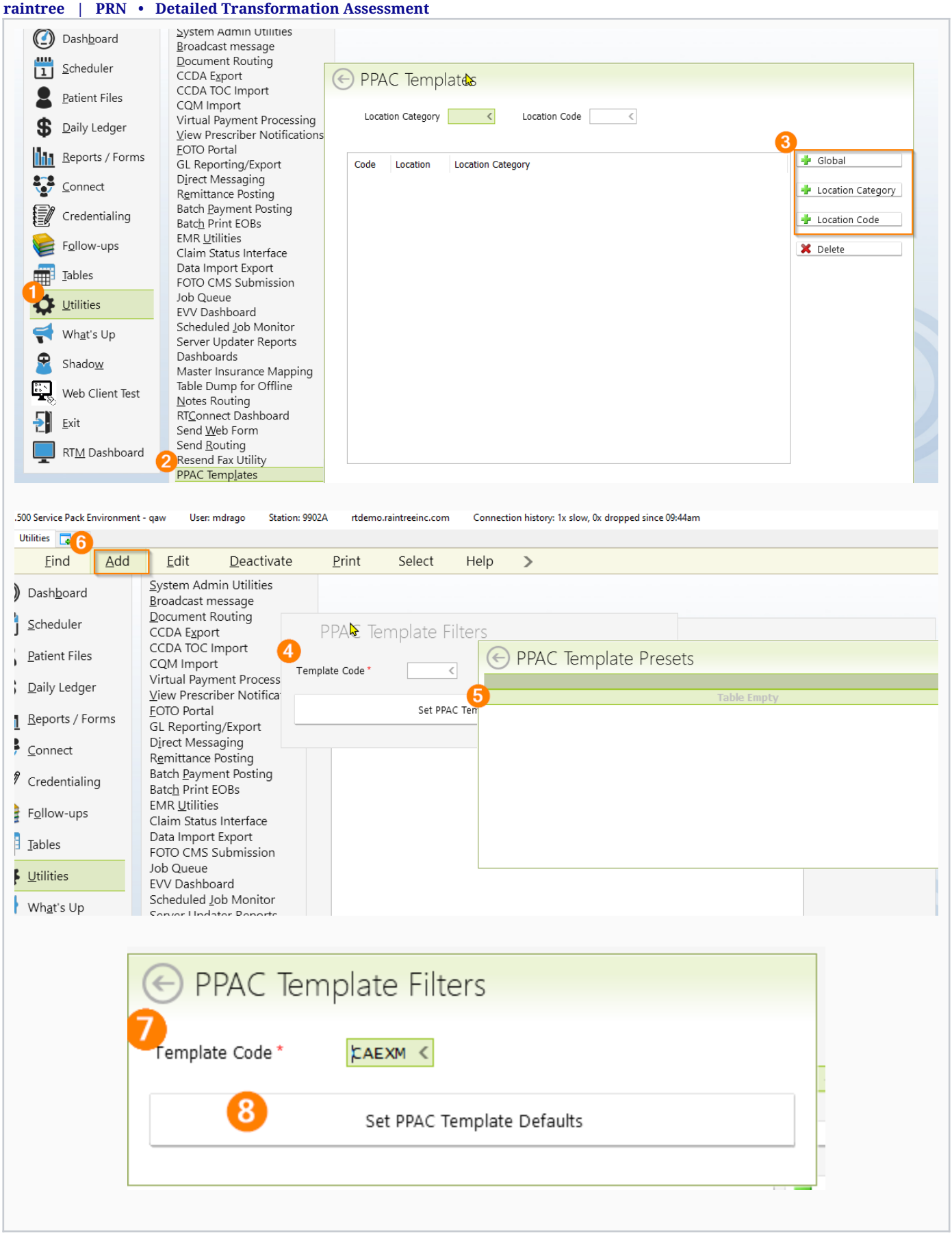
Category: Billing

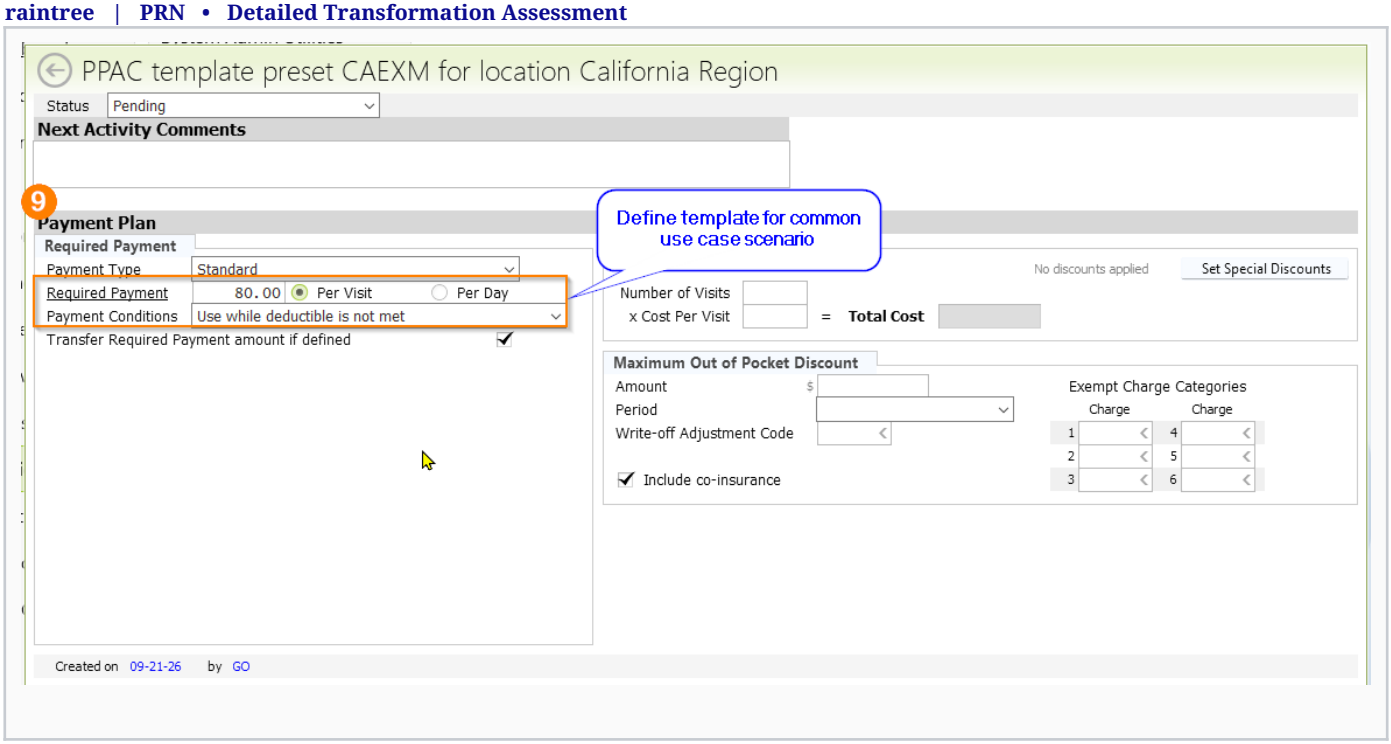
Current State / Finding	This is a metric that front desk teams are doing well at collecting the amounts identified during the initial verification of benefits.
Business Objective / Future State	In the future the ideal would be to have feedback mechanisms that assist in updating the amounts to be collected during the course of the patient's care.
Requirement / Gap	Currently there are not feedback mechanisms that are in use to update amounts to be collected at time of visit that are widely in use.
Raintree Recommendation	For this I would suggest a follow up working session on PPAC templates to setup a few samples, which can be set to use the

	payment terms only while the deductible is not met, or to estimate when then deductible will be met, to more closely align with what the patient owes after insurance adjudication. As noted with the section on refunds these common use cases for a PPAC can be set as a templated model for the teams to work from. Another feedback mechanism that is helpful to use as an indication that amounts to collect should be updated are decreasing copay follow up notes within the Follow Up Dashboard. Sorting by this follow up code and then by reason codes can help to give an indication when deductible and/or out of pocket maximums have been met and time of visit collections are no longer needed. An additional avenue to consider is that PPAC's can be sent to patients for signature via the patient portal prior to the first visit. If the patient has the opportunity to review the details in a more focused environment if they do have an HSA that will issue payments to cover their responsibility amount this can provide them more time to share this feedback with the team to ensure that the front desk team does not collect in scenarios where the patient would have payments sent from the HSA with the payor directly following payor adjudication.
Dependencies / Considerations	The suggested workflow would want to have a regional "owner" who could help to define templates for PPAC within their location category, as well as define routing rule within the follow up routing for who would work decrease copay (DECOP) follow up notes.
Outstanding Questions	PRN collects roughly 99% OTC of what is due at time of service. The challenges come into play when sometimes the team accidentally over collect and then end up possibly owing the patient, or the patient may pay as prompted at time of service, but then the HSA will send money. Christina mentioned she spoke to Ben about this. They reviewed an example where the team was collecting $70 per visit until patient hits their deductible, then patient meets deductible, the claim adjudicates and no longer does the patient owe. The team see challenges in this type of a scenario because of first in and first out method, the front office and patient are not easily able to indicate that the patient actually is owed $30 back from their first visit. Overall, front desk does a great job collecting, but they need help with getting it more exact to avoid patient over paying.

Supporting Screenshot / Workflow Evidence

WORKFLOW TO SETUP A PPAC TEMPLATE:


Dashboard
Scheduler
Patient Files
Daily Ledger
Reports / Forms
Connect
Credentialing
Follow-ups
Tables
Utilities
What's Up
Shadow
Web Client Test
Exit
RTM Dashboard
System Admin Utilities
Broadcast message
Document Routing
CCDA Export
CCDA TOC Import
CQM Import
Virtual Payment Processing
View Prescriber Notifications
FOTO Portal
GL Reporting/Export
Direct Messaging
Remittance Posting
Batch Payment Posting
Batch Print EOBs
EMR Utilities
Claim Status Interface
Data Import Export
FOTO CMS Submission
Job Queue
EVV Dashboard
Scheduled Job Monitor
Server Updater Reports
Dashboards
Master Insurance Mapping
Table Dump for Offline
Notes Routing
RTConnect Dashboard
Send Web Form
Send Routing
Resend Fax Utility
PPAC Templates
PPAC Templates
Location Category
Location Code
Code
Location
Location Category
Global
Location Category
Location Code
Delete
1
2
3
.500 Service Pack Environment - qaw
User: mdrago
Station: 9902A
rtdemo.raintreeinc.com
Connection history: 1x slow, 0x dropped since 09:44am
Utilities
6
Find
Add
Edit
Deactivate
Print
Select
Help
PPAC Template Filters
Template Code *
4
PPAC Template Presets
5
Table Empty
PPAC Template Filters
7
Template Code *
CAEXM
8
Set PPAC Template Defaults



SME validation	X Configuration X Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Revenue Cycle Management | Recommendation 8 of RCM#

BILLING REPORTING

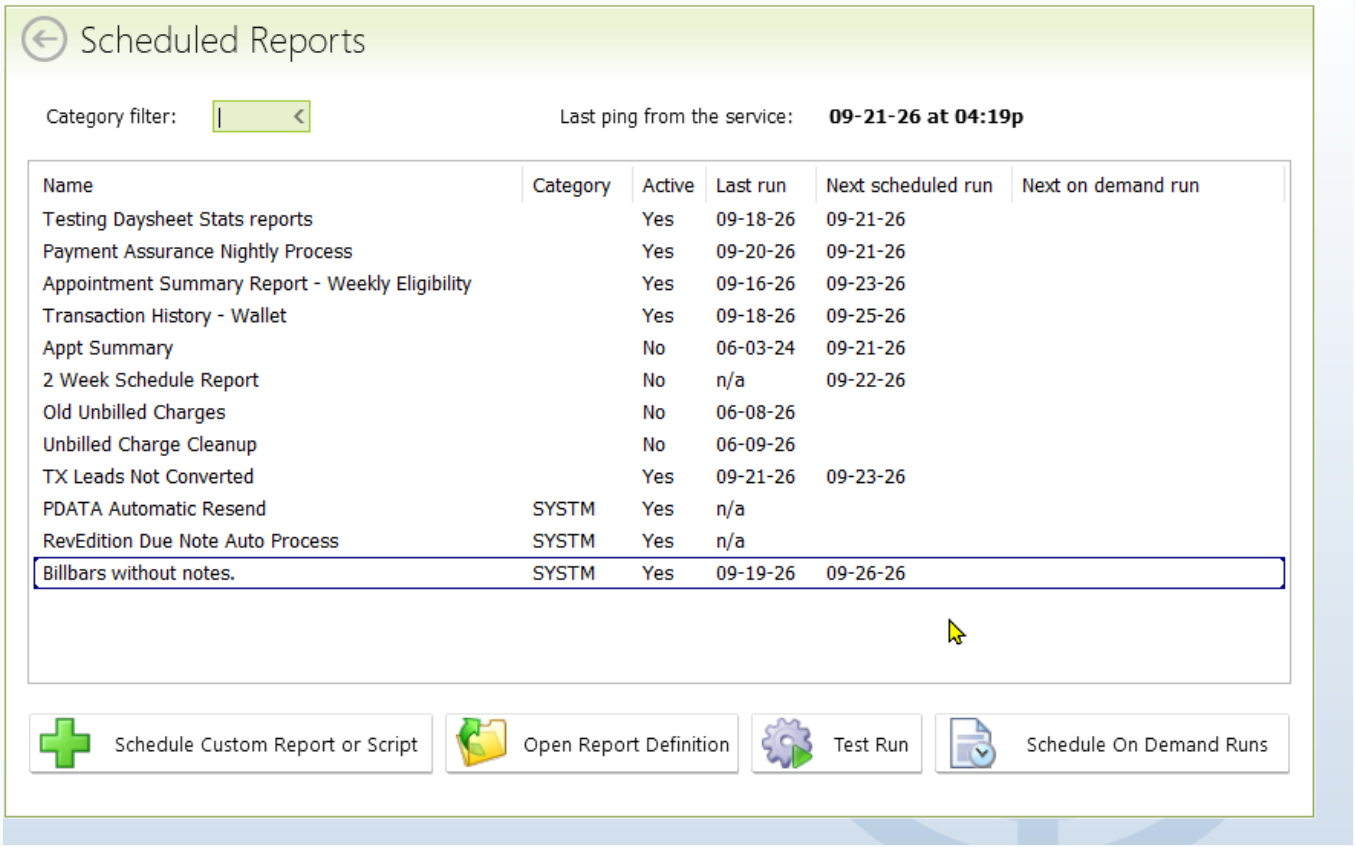
Category: Billing

Current State / Finding	There are not many reports currently run on report scheduler.
Business Objective / Future State	To clearly see financial performance for the organization on a routine cadence with metrics that compare apples to apples with historically collected data.
Requirement / Gap	The challenge here is that if the statistics are gather from BI often the metrics are similar, but not quite the same with the same filtering as the reports that had been used historically.
Raintree Recommendation	The time here is also discussed with BI reporting. Some of these can be set to run on report scheduler to run during off hours. The report scheduler tool can run reports that are consistently reviewed on a defined scheduled date. This can be used to ensure that the same report is run with consistent filtering from one run to the next so that metrics can be true comparisons. As the time for these runs can be defined by the user these can be set to run during off hours so that system performance will not be impacted and run time does not leave a user waiting. For reports where different iterations and drill downs would

	want to be review, these can be found in BI and these drill downs and components within the reports will be items that are accessible without having to completely re-run the report.
Dependencies / Considerations	Citing again concerns with system slowness and how this impacts their ability to run reports in Raintree. This also needs to keep in mind that they have run reports historically and will want to be able to compare metrics to historical trends and performance of the teams.
Outstanding Questions	BI reports not matching the reports in Raintree, these have been able to match when the filtering is the same between the 2, however when considering these we do want to ensure the PRN team is familiar with how to see and determine filtering that is used for each BI report.

Supporting Screenshot / Workflow Evidence

SCREENSHOT OF REPORTS CURRENTLY BEING RUN VIA REPORT SCHEDULER:



Please note some of these are not reports that are delivered to users however are defined for automated processes to run - for example the Payment Assurance Nightly Process and RevEdition Due Note Auto Process.

SME validation	☐ Configuration X Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

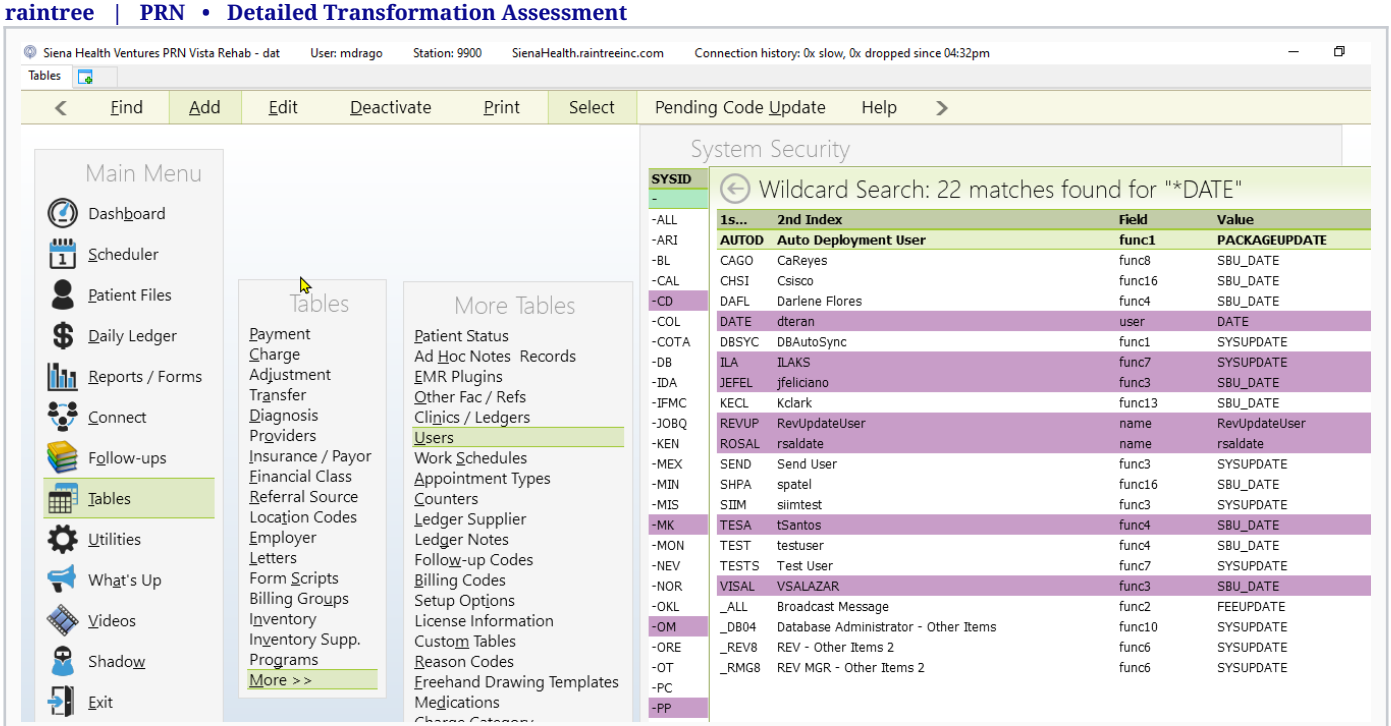
Ledger Lock

Category: Billing

Current State / Finding	User right for a ledger date lock is not in place across all user groups in the user/security table.
Business Objective / Future State	To maintain ledger and reporting integrity for historical periods
Requirement / Gap	To maintain ledger and reporting integrity for historical periods.
Raintree Recommendation	Ledger Lock is recommended for use. Challenges that were discussed: For items that do need re-allocation best practice to maintain ledger lock integrity is to maintain the lock and not bypass it. The payment would still be re-posted, however the original incorrectly applied payment would be reversed and the correction would be posted all with a posting date of today (current day). In this way, the history is maintained and the historical stats remain consistent. The current day is a wash for overall cash receipts as there is a reversal and the reposting that correspond with one another. The correction will appear as a correction off of one location and onto another with the current day/month for the correction to reflect in financials.
Dependencies / Considerations	Concern with bypassing the ledger lock is reporting discrepancies when running for historical financials, in retrospective reviews, or upon audit the overall numbers for the organization. Even though the cash receipts may remain accurate if the item being corrected is to re-allocate a payment from one location to another, the payment would no longer show as collected in one location but rather show under the alternate.
Outstanding Questions	**SME TO COMPLETE / VALIDATE**

Supporting Screenshot / Workflow Evidence

WILDCARD SEARCH IN SECURITY TABLE SCREENSHOT:



Next steps for workflow

- Logic: The system locks all transactions prior to a specified date. For example, if the lock is set to 08-01-26, anything with a date earlier than August 1, 2026, is restricted (DATE < 08-01-26).
- Navigation: To manage the Broadcast Group for lock notifications, navigate to: Tables > More > Users > Select: _ALL (Broadcast Message User).
- Select option for which dates should be locked if this should be a rolling period of greater than X number of days or if a user workflow would be to lock a period after a month end close with reporting run - options to set these up are shown with samples in: https://kb.raintreeinc.com/help-10-2-500=date-locks

SME validation	X Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Revenue Cycle Management | Recommendation 10 of RCM#

Location History

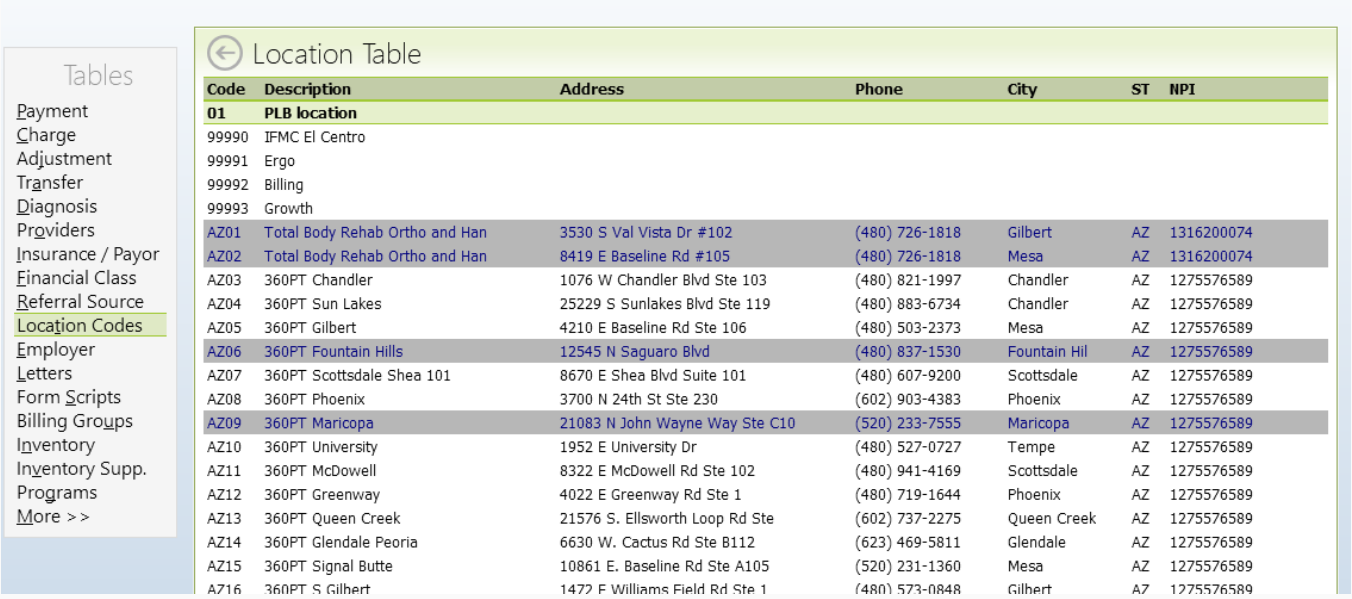
Category: Billing

Current State / Finding	Some locations have been deactivated in the location table due to updates rather than updates that would be included within the location history.
Business Objective / Future State	This method is used to ensure accurate updated data is included on claims moving forwards.
Requirement / Gap	The gap that prevents use of only location history is when then location is updated where not only the address and location

	details would need to be updated and accurate for the time frame but also the details behind the location setup which includes the remit billing to name and address details for the organization. These details would need to be updated/changed when name used in insurance credentialing as well as address associated with a switch of the group NPI or TIN is completed.
Raintree Recommendation	As this is consistent with the historical entries in their location table, continuing to use this method will maintain consistency and not need to update form script setup options. If this becomes difficult to manage we do have an option that would require a change to form scripts to use a fall back sequence from provider table to location table and could use a "default" provider with filtered entries to accomplish the accurate name with the applicable time frame for locations.
Dependencies / Considerations	N/A
Outstanding Questions	Question was brought up about the Tax ID number and how the PRN team handles this with the new location they bring on. The topics that were explored where the differentiation on the decision for updates contained in location History vs deactivating locations. The question if this could get rid of the requirement of the location merger on the BI side was a part of the consideration to see if the history could accomplish the desired outcome. Christina noted they did look into this in the past, but the reason they did not do this is because they can only change the front screen, they can not change the legal name (location additional). Darlene said they DO use it (location history) when they move a clinic, but if they need to change the Legal name and remit address, they have to open a new location.

Supporting Screenshot / Workflow Evidence

EXAMPLE SCREENSHOT OF CURRENT LOCATION TABLE WITH DEACTIVATED LOCATIONS:



Tables

Payment
Charge
Adjustment
Transfer
Diagnosis
Providers
Insurance / Payor
Financial Class
Referral Source
Location Codes
Employer
Letters
Form Scripts
Billing Groups
Inventory
Inventory Supp.
Programs
More >>

Location Table

Code	Description	Address	Phone	City	ST	NPI
01	PLB location					
99990	IFMC El Centro					
99991	Ergo					
99992	Billing					
99993	Growth					
AZ01	Total Body Rehab Ortho and Han	3530 S Val Vista Dr #102	(480) 726-1818	Gilbert	AZ	1316200074
AZ02	Total Body Rehab Ortho and Han	8419 E Baseline Rd #105	(480) 726-1818	Mesa	AZ	1316200074
AZ03	360PT Chandler	1076 W Chandler Blvd Ste 103	(480) 821-1997	Chandler	AZ	1275576589
AZ04	360PT Sun Lakes	25229 S Sunlakes Blvd Ste 119	(480) 883-6734	Chandler	AZ	1275576589
AZ05	360PT Gilbert	4210 E Baseline Rd Ste 106	(480) 503-2373	Mesa	AZ	1275576589
AZ06	360PT Fountain Hills	12545 N Saguaro Blvd	(480) 837-1530	Fountain Hil	AZ	1275576589
AZ07	360PT Scottsdale Shea 101	8670 E Shea Blvd Suite 101	(480) 607-9200	Scottsdale	AZ	1275576589
AZ08	360PT Phoenix	3700 N 24th St Ste 230	(602) 903-4383	Phoenix	AZ	1275576589
AZ09	360PT Maricopa	21083 N John Wayne Way Ste C10	(520) 233-7555	Maricopa	AZ	1275576589
AZ10	360PT University	1952 E University Dr	(480) 527-0727	Tempe	AZ	1275576589
AZ11	360PT McDowell	8322 E McDowell Rd Ste 102	(480) 941-4169	Scottsdale	AZ	1275576589
AZ12	360PT Greenway	4022 E Greenway Rd Ste 1	(480) 719-1644	Phoenix	AZ	1275576589
AZ13	360PT Queen Creek	21576 S. Ellsworth Loop Rd Ste	(602) 737-2275	Queen Creek	AZ	1275576589
AZ14	360PT Glendale Peoria	6630 W. Cactus Rd Ste B112	(623) 469-5811	Glendale	AZ	1275576589
AZ15	360PT Signal Butte	10861 E. Baseline Rd Ste A105	(520) 231-1360	Mesa	AZ	1275576589
AZ16	360PT S Gilbert	1472 E Williams Field Rd Ste 1	(480) 573-0848	Gilbert	AZ	1275576589

SME validation	☐ Configuration ☐ Change Management ☐ Customization X Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Revenue Cycle Management | Recommendation 11 of RCM#

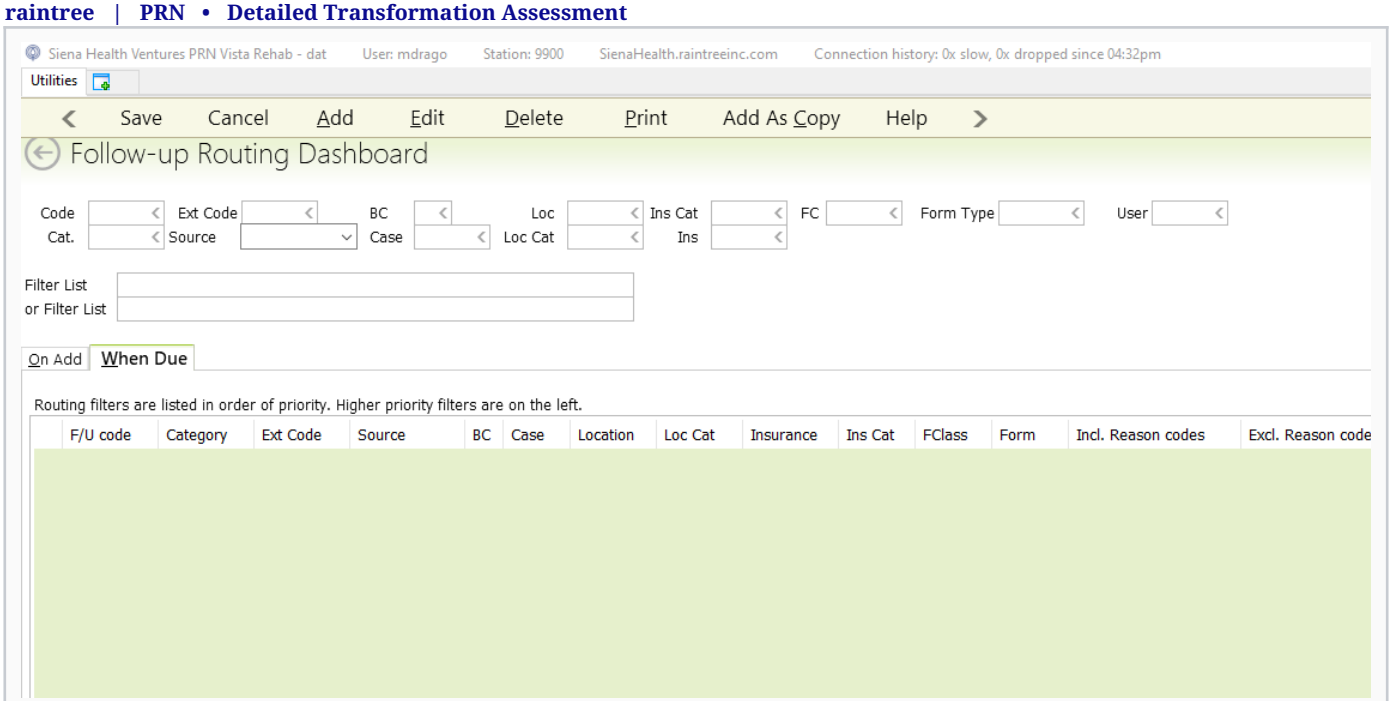
Automated Follow Up Actions

Category: Billing

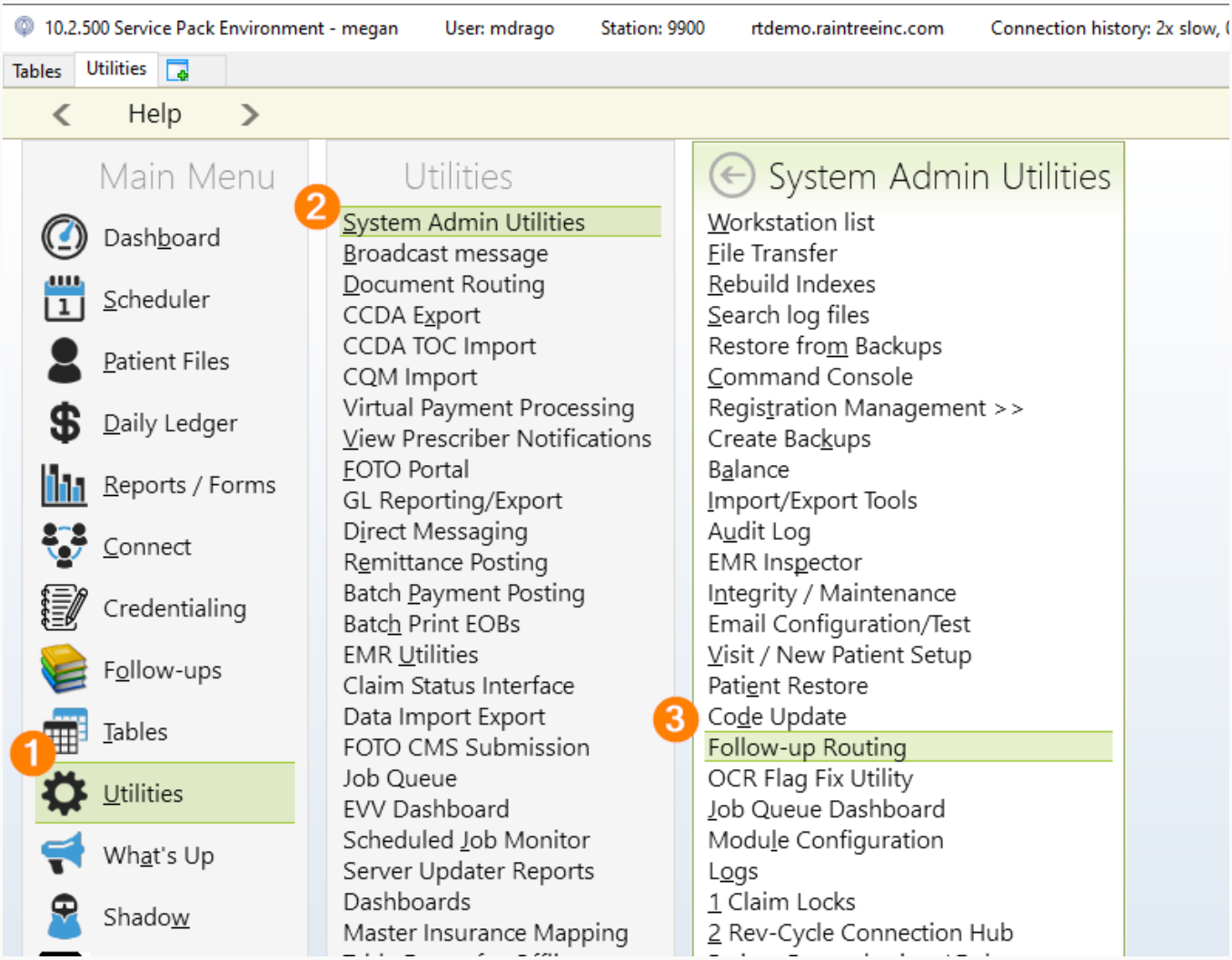
Current State / Finding	In follow up routing rules there are not any “when due” rules defined. (screenshot provided below)
Business Objective / Future State	Defining rules for some of the common actions taken by a team member can set these as an automated action, which can free up time for a real person to complete more complex claim follow up activities.
Requirement / Gap	These are not currently in use, but could aid the team.
Raintree Recommendation	There is an attachment below that shows the process in a detailed recording: https://drive.google.com/file/d/1GfMiEsw7YKsc8hw2IAlipBfzMBlj6Hhr/view?usp=drive_link The suggestion would be to begin with some of the straightforward follow up actions like a sending of medical records and identify when the team is taking this action consistently - Which payors is that done for? What ANSI reason code does that payor process with? Once these questions are clearly known a routing rule can be defined to take action automatically on behalf of the team. Below in the workflow to define the rules section, we will see an example for an insurance of Aetna and reason code 252 defined to run an automatic action of “medical records sending”.
Dependencies / Considerations	These would be sent out via fax if possible, so may require a build up of fax numbers for the applicable insurance companies.
Outstanding Questions	N/A

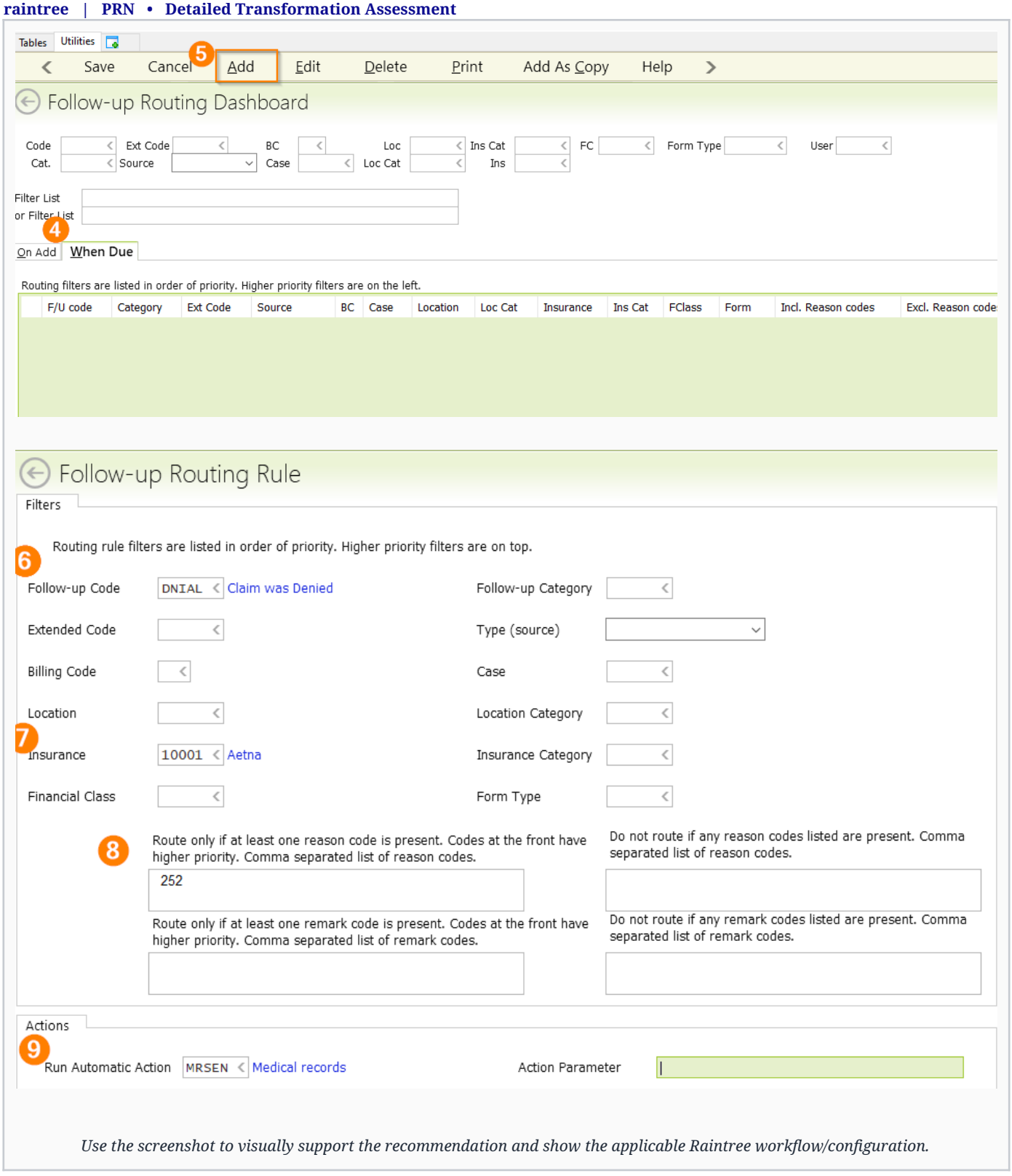
Supporting Screenshot / Workflow Evidence

CURRENT “WHEN DUE” RULES SCREENSHOT FROM PRN DATABASE:



SUGGESTION FOR EXAMPLE OF AN AUTOMATED ACTION THAT CAN BE DEFINED:





Use the screenshot to visually support the recommendation and show the applicable Raintree workflow/configuration.

SME validation	X Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Revenue Cycle Management | Recommendation 12 of RCM#

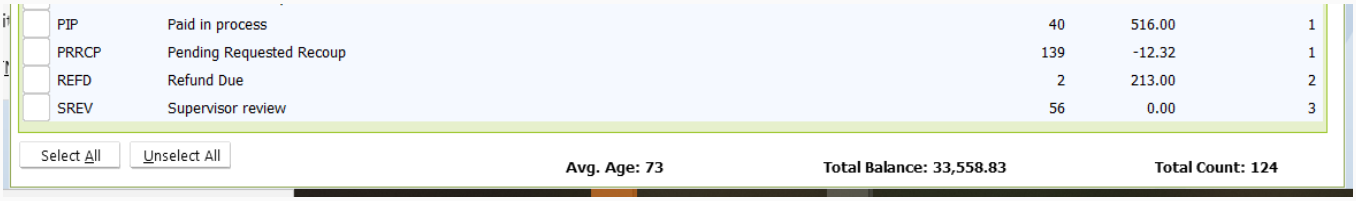
Follow Up Cues to Include Balance without Duplicates

Category: Billing

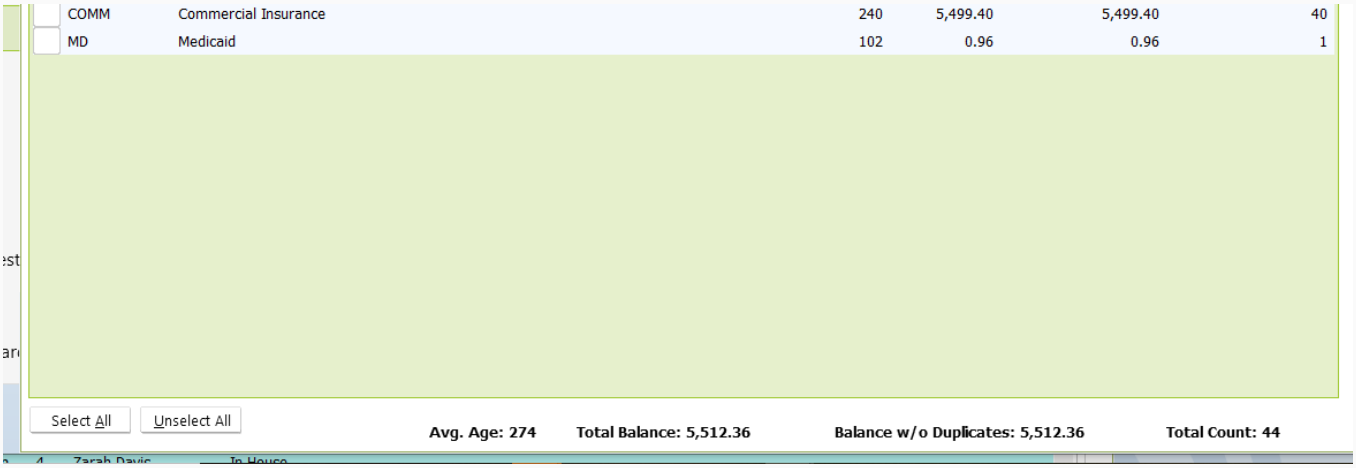
Current State / Finding	Currently not present on the Follow Up Dashboard.
Business Objective / Future State	Show the balance of all charges in the follow up dashboard while accounting for the fact that some claims may have more than one follow up note open for them and thus be considered in the total balance more than once
Requirement / Gap	The PRN team would like to see the total for claims within the follow up dashboard without the totals for any one claim being counted more than once
Raintree Recommendation	This is an option that can be enabled by the Raintree team within the global.ini. To accomplish this a case will be the best method here as it is added into the global.ini during off hours and we will want to coordinate date and time to conduct this during off hours.
Dependencies / Considerations	N/A
Outstanding Questions	N/A

Supporting Screenshot / Workflow Evidence

CURRENT STATE FOR LISTING OF TOTALS WITHIN FOLLOW UP DASHBOARD:



PREVIEW WITH OPTION ENABLED TO SHOW BALANCE WITHOUT DUPLICATES:



GLOBAL.INI SETTING

ShowBalanceWODuplicates

Default: N

If set to Y, a new column **Balance w/o Duplicates** becomes available on the main Follow-up dashboard screen (with the list total displayed at the bottom of the screen). This indicator only considers one follow-up note from the charge to show the total of charges.

When a user prints the Summary version of the Follow-up Dashboard, then the printout also includes the **Balance w/o Duplicates** column (and total).

Can be defined in: user, database, scriptpath, homedir

Example:

```
[FollowUp]
ShowBalanceWODuplicates = Y
```

```
[eStatement]
configName = qaw20241/patient/statement [DataBase]

[eStatementWMethod]
configName = qaw20241/patient/statementwmethod [DataBase]

[Followup]
RevEdition = Y [DataBase]
ShowBalanceWODuplicates = Y [DataBase]

[General]
AGEBYFIRSTBILL = N [User]
AGEBYFIRSTTRANSFER = N [User]
AGEBYLASTBILL = N [User]
```

SME validation	X Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Revenue Cycle Management | Recommendation 13 of RCM#

"Not Touched" as a dropdown filtering options on Follow Up Dashboard

Category: Billing

Current State / Finding	This is a standard filtering option.
Business Objective / Future State	Understand definitions of filtering options within the follow up dashboard
Requirement / Gap	N/A
Raintree Recommendation	Reviewed definitions during call.

	Not touched - a real person user has not needed to complete a follow up action on this claim
Dependencies / Considerations	N/A
Outstanding Questions	N/A

Supporting Screenshot / Workflow Evidence

WORKFLOW IN REVIEWING NOT TOUCHED CLAIM ARE ITEMS THAT HAVE NOT YET HAD ACTION FROM TEAM MEMBER

SME validation	☐ Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Revenue Cycle Management | Recommendation 14 of RCM#

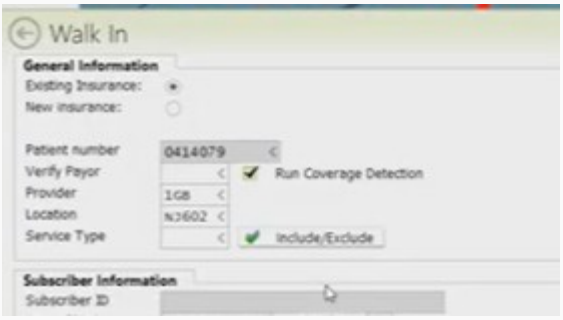
Vendor for Insurance Coverage Detection

Category: Billing

Current State / Finding	This is not in place with PRN team and is currently in beta with organizations working with Waystar as their clearinghouse.
Business Objective / Future State	Coverage detection is an option that is offered with clearinghouse partners as a method to review for active coverage with payors within the connection channels for that clearinghouse. This is used when coverage has ended or is not known for a patient to review if there is potentially an alternate policy that they are covered under.
Requirement / Gap	This is a forward looking requirement to help take this off of the workload of a real person who would have to navigate this as a conversation with the patient or family.
Raintree Recommendation	With Waystar the prerequisites were that they were already using the eligibility results being retrieved from Waystar and that contracting with Waystar as the clearinghouse was updated to include coverage detection. As the offering would become expanded to Availity and beta groups are reviewed the PRN team should be considered as a group to work with the beta offering.
Dependencies / Considerations	**Pending beta review**
Outstanding Questions	Christina said this is a pain point for them. She noted that patients will argue with them about the insurance they have for example if they think they have Medicare, but instead have a Medicare replacement policy.

Supporting Screenshot / Workflow Evidence

PREVIEW SCREENSHOT OF DEMONSTRATION EXAMPLE FROM WAYSTAR:



SME validation	☐ Configuration ☐ Change Management ☐ Customization X Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Revenue Cycle Management | Recommendation 15 of RCM#

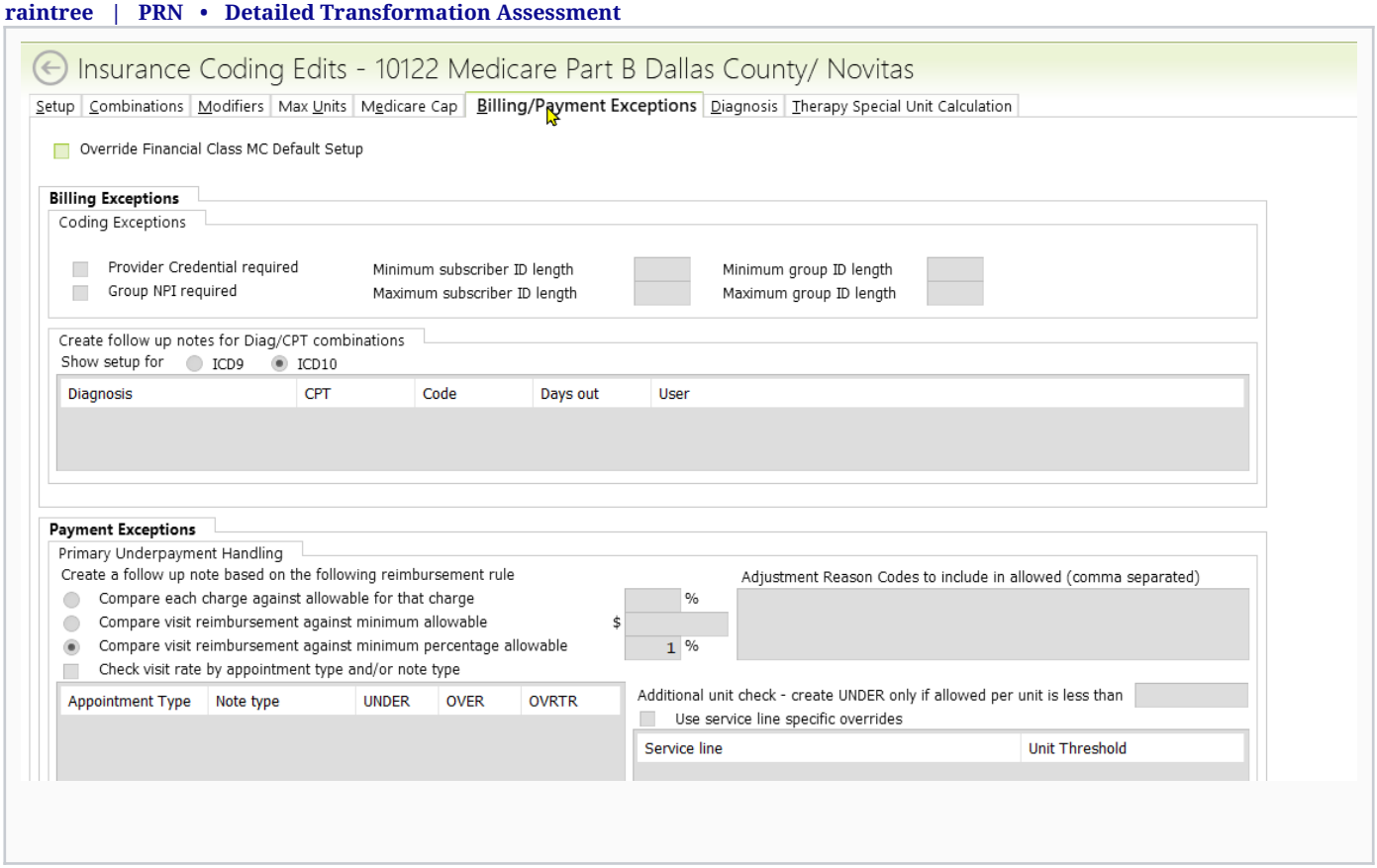
Under Payment Detection

Category: Billing

Current State / Finding	This is currently only in place within PRN database with some default values.
Business Objective / Future State	Under payment detection is an option that can be refined and added continually to help surface scenarios where insurance is paying short of the anticipated reimbursement.
Requirement / Gap	This is a forward looking option to help ensure that payors are paying up to the contractual expectations.
Raintree Recommendation	This can be defined differently for payors that reimburse based on a fee for service model or a flat fee per visit. Below will be a link to slides from prior TherapyCon sessions that demonstrate not only how to define these behind specific payors but also how to run reporting to help in ensuring the targets defined are in line with actual reimbursements received. Link: Underpayment Detection - Slides TherapyCon 2025.pdf
Dependencies / Considerations	**Not discussed on call however noted in database**
Outstanding Questions	

Supporting Screenshot / Workflow Evidence

EXAMPLE FROM A SPECIFIC PAYOR IN PRN:



SME validation	X Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Revenue Cycle Management | Recommendation 16 of RCM#

TVBEN Completion Restrictions

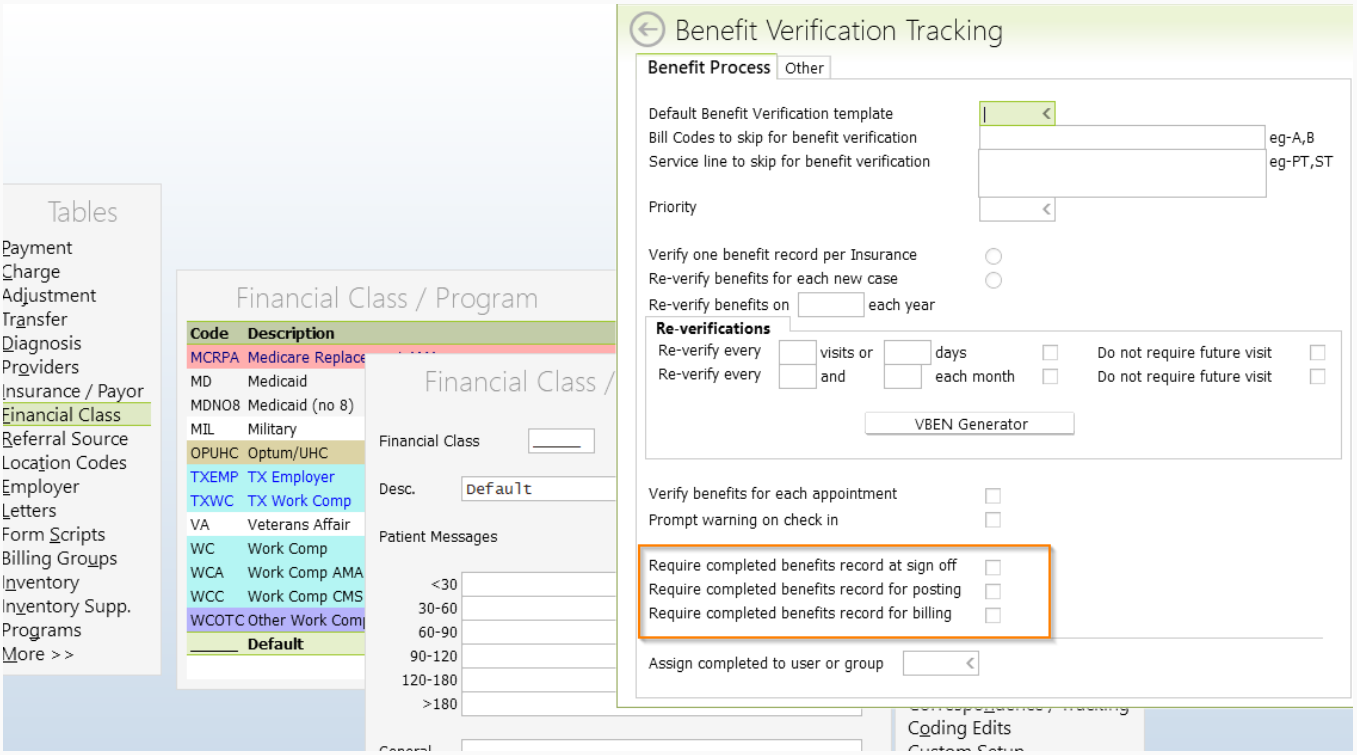
Category: Billing

Current State / Finding	Not required to have a completed verification of benefits prior to posting or billing charges.
Business Objective / Future State	Using a restriction here helps to ensure that accurate payor is billed from the start of care.
Requirement / Gap	This would be a forward looking potential additional option to help ensure that payors are accurate prior to the first claims being submitted.

Raintree Recommendation	This is a recommendation to use as it helps to ensure that the accurate payor is in place prior to the first claim being submitted, as well as if this is required prior to posting helps to ensure that all applicable coding edit restrictions or application of modifiers have been completed.
Dependencies / Considerations	**Not discussed on call however noted in database**
Outstanding Questions	N/A

Supporting Screenshot / Workflow Evidence

EXAMPLE FROM DEFAULT FINANCIAL CLASS IN PRN:



SME validation	X Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Revenue Cycle Management | Recommendation 17 of RCM#

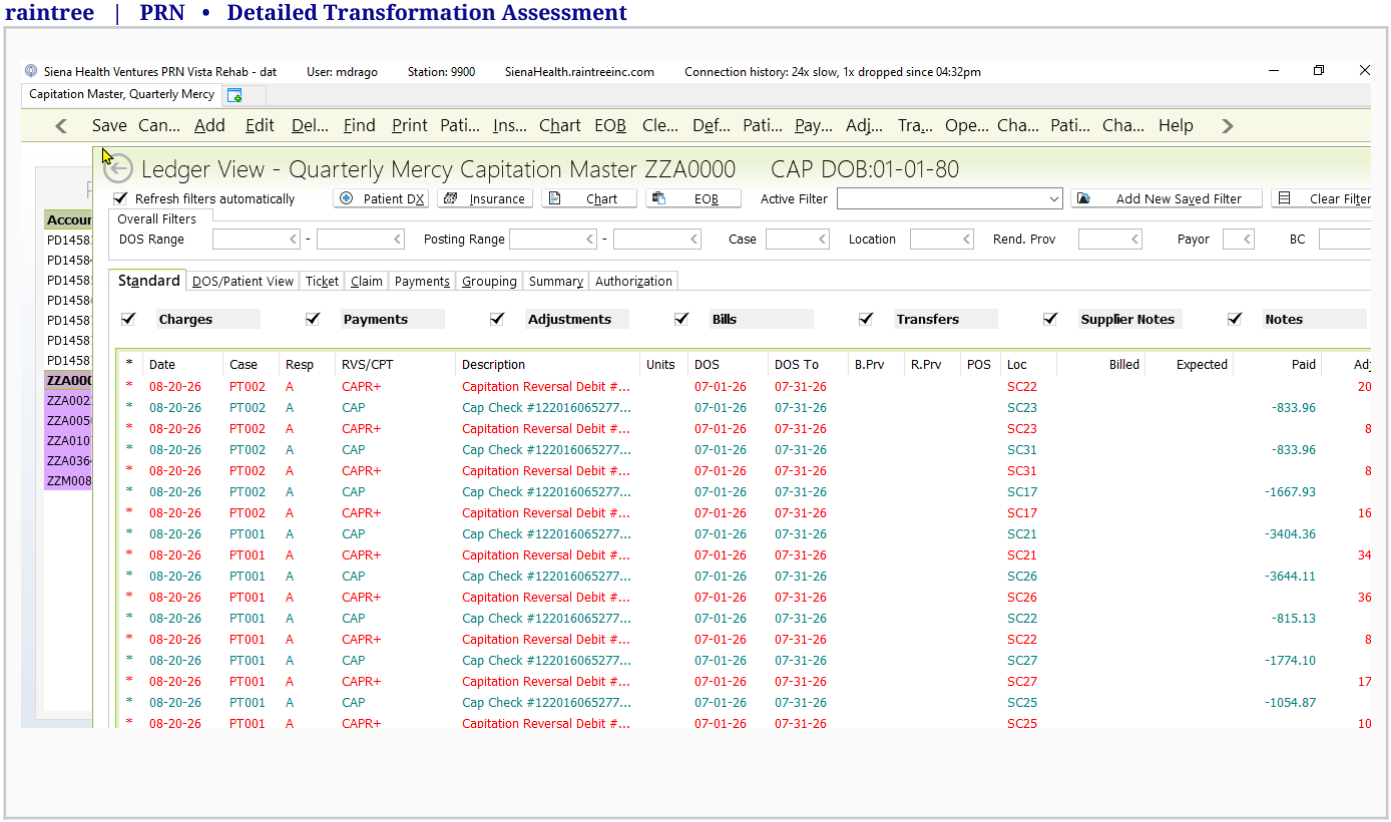
Capitation Payors

Category: Billing

Current State / Finding	Noted that there are a few capitation master accounts in the database and that within the ledger for these accounts there is a listing of all of the applicable CPT codes that are added per patient and ledger line item.
Business Objective / Future State	This is an option for data to be pulled into a master account, however it can make this master account a very lengthy and challenging to work with for follow up and payment posting. There is an updated alternate method that can be used to setup these capitation accounts that help to keep the master accounts easier to manage.
Requirement / Gap	**Not discussed on call however noted in database**
Raintree Recommendation	The process for setup and use of these capitation account is shown in detail in: Capitation Overview of Use and Setup - Professional Services - Confluence.pdf
Dependencies / Considerations	**Not discussed on call however noted in database**
Outstanding Questions	N/A

Supporting Screenshot / Workflow Evidence

EXAMPLE FROM A SPECIFIC MASTER ACCOUNT IN PRN:



SME validation	X Configuration X Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Revenue Cycle Management | Recommendation 18 of RCM#

Ledger Verifier

Category: Billing

Current State / Finding	There is not currently a scheduled report version of this set to run on a routine schedule to serve as a reminder to take action on any error items.
Business Objective / Future State	This is a tool that seeks to maintain historical data integrity.
Requirement / Gap	**Not discussed on call however noted in database**
Raintree Recommendation	This is a report and tool that is recommended to

	run on at least a monthly cadence. Details on it's use and how to resolve issues is outlined in: Pre-con TherapyCon - Handout Ledger Verifier and Tools - hour 3-page 22
Dependencies / Considerations	**Not discussed on call however noted in database**
Outstanding Questions	N/A

Supporting Screenshot / Workflow Evidence

EXAMPLE FROM ABOVE SHOWS REPORT SCHEDULER DOES NOT INCLUDE LEDGER VERIFIER

*Note review the files within the PRN database and there are NOT suggested solvers that have been saved as items that would be resolved automatically with run on the ledger verifier in an interactive method.

SME validation	X Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Revenue Cycle Management | Recommendation 19 of RCM#

Fee Schedule

Category: Billing

Current State / Finding	Fee Schedule is not being entered in Raintree
Business Objective / Future State	
Requirement / Gap	
Raintree Recommendation	

Dependencies / Considerations	
Outstanding Questions	

Supporting Screenshot / Workflow Evidence

EXAMPLE FROM ABOVE SHOWS REPORT SCHEDULER DOES NOT INCLUDE LEDGER VERIFIER

*Note review the files within the PRN database and there are NOT suggested solvers that have been saved as items that would be resolved automatically with run on the ledger verifier in an interactive method.

SME validation	X Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Reporting & Analytics

9 pre-built items from the Internal Master. Validate the customer-facing language and supporting evidence before final delivery.

Reporting & Analytics | Recommendation 1 of 9

Connect Dashboard

Category: Reporting & Analytics

Current State / Finding	Connect Dashboard not being utilized
Business Objective / Future State	Utilize BI Dashboards for visibility into operational metrics
Requirement / Gap	None
Raintree Recommendation	Regular review Connect Dashboard by Regional Directors and Executive team to get the overview of NPS performance at the organizational level.
Dependencies / Considerations	
Outstanding Questions	

Supporting Screenshot / Workflow Evidence

SME validation	☐ Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

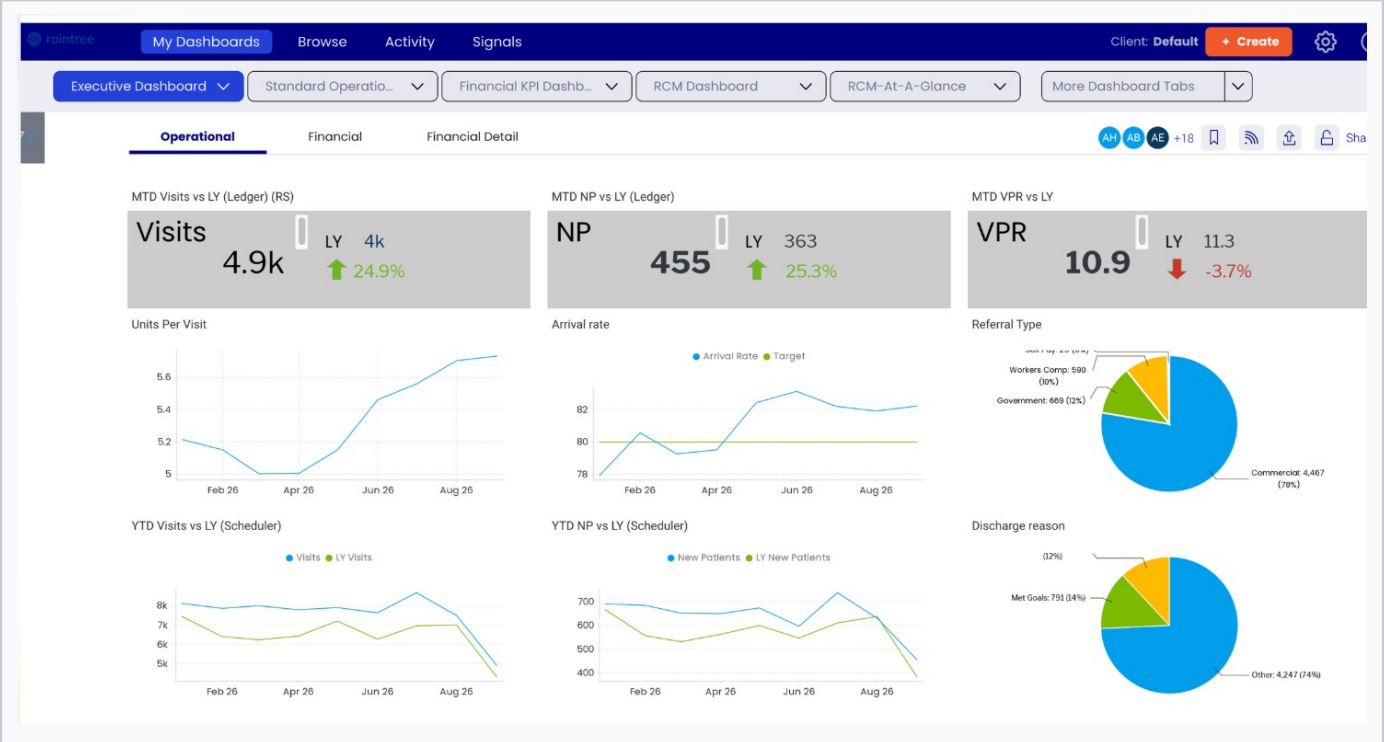
Reporting & Analytics | Recommendation 2 of 9

Executive Dashboard

Category: Reporting & Analytics

Current State / Finding	Not being utilized
Business Objective / Future State	Get more visibility in to metrics via BI Dashboards
Requirement / Gap	None
Raintree Recommendation	Begin using the Executive Dashboard while evaluating overall BI reports and providing Raintree with the list of BI reports that they need a custom version of to accommodate the unique Location grouping option
Dependencies / Considerations	Matt asking about when PRN does TIN changes and they merge locations, how is this data pulled. Siim explained that if they change were to occur during the comparison period, it would not be a fair comparison.
Outstanding Questions	Indhu recommended a custom version of the standard dashboard for this. Action Item: Colleen to follow up with teresa on matt's request here.

Supporting Screenshot / Workflow Evidence



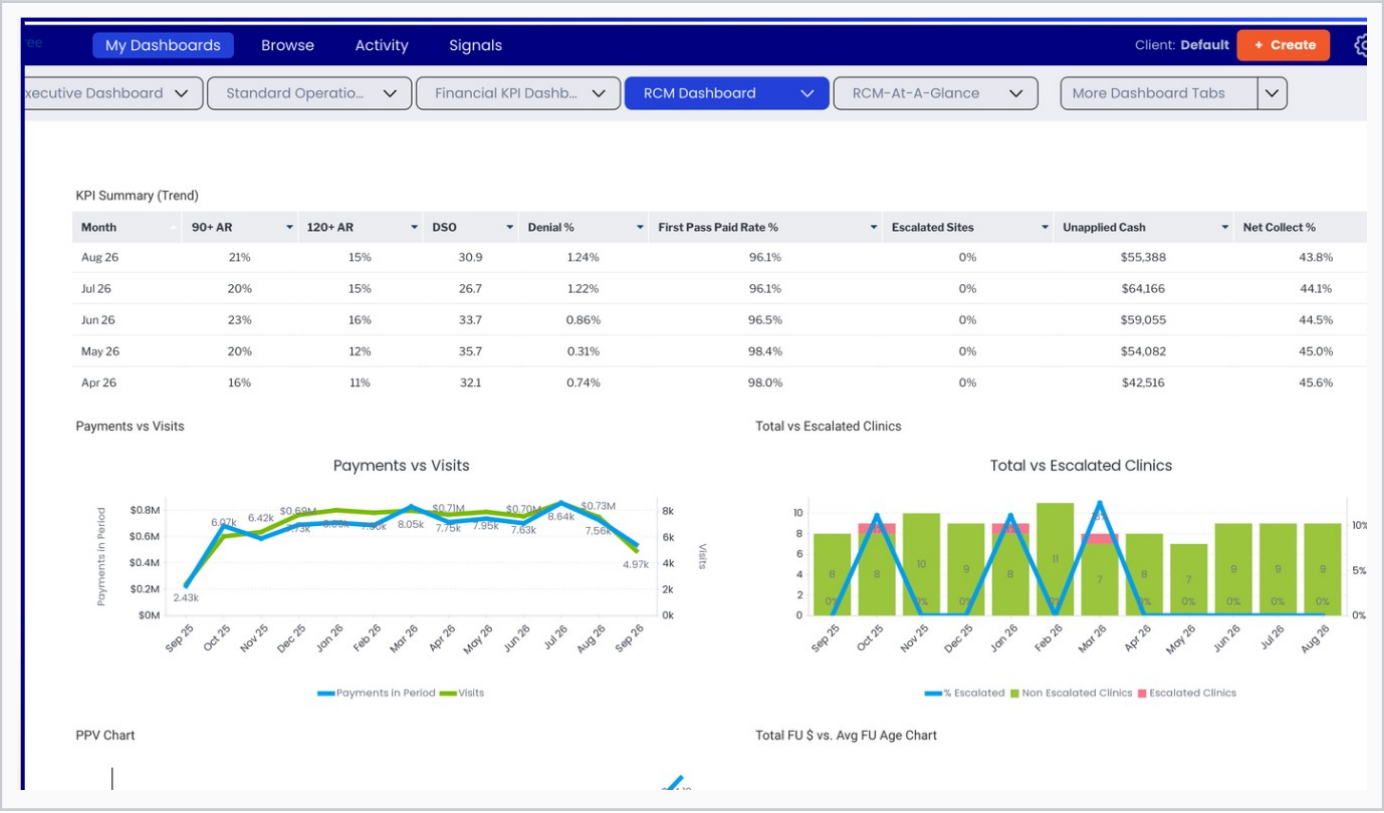
SME validation	☐ Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

RCM Dashboard

Category: Reporting & Analytics

Current State / Finding	Not being utilized currently
Business Objective / Future State	Get more visibility into metrics via BI Dashboards
Requirement / Gap	None
Raintree Recommendation	Begin using the RCM Dashboard while evaluating overall BI reports and providing Raintree with the list of BI reports that they need a custom version of to accommodate the unique Location grouping option
Dependencies / Considerations	PRN very quiet and not asking many questions during this part. Indhu did call out that she did review the Waterfall report with PRN on a prior recent call. Christina called out that the Bad Debt numbers are incorrect, Siim explaining that PRN would need to build a custom table to include the right codes. Christina said they have already developed a report in BI for bad debt.
Outstanding Questions	action items -- colleen to share the document Indhu is working on to explain the definition of each report The detailed dictionary document on RCM Dashboard was shared a couple of days after the call.

Supporting Screenshot / Workflow Evidence



SME validation	☐ Configuration ☐ Change Management ☐ Customization ☐ Roadmap

Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

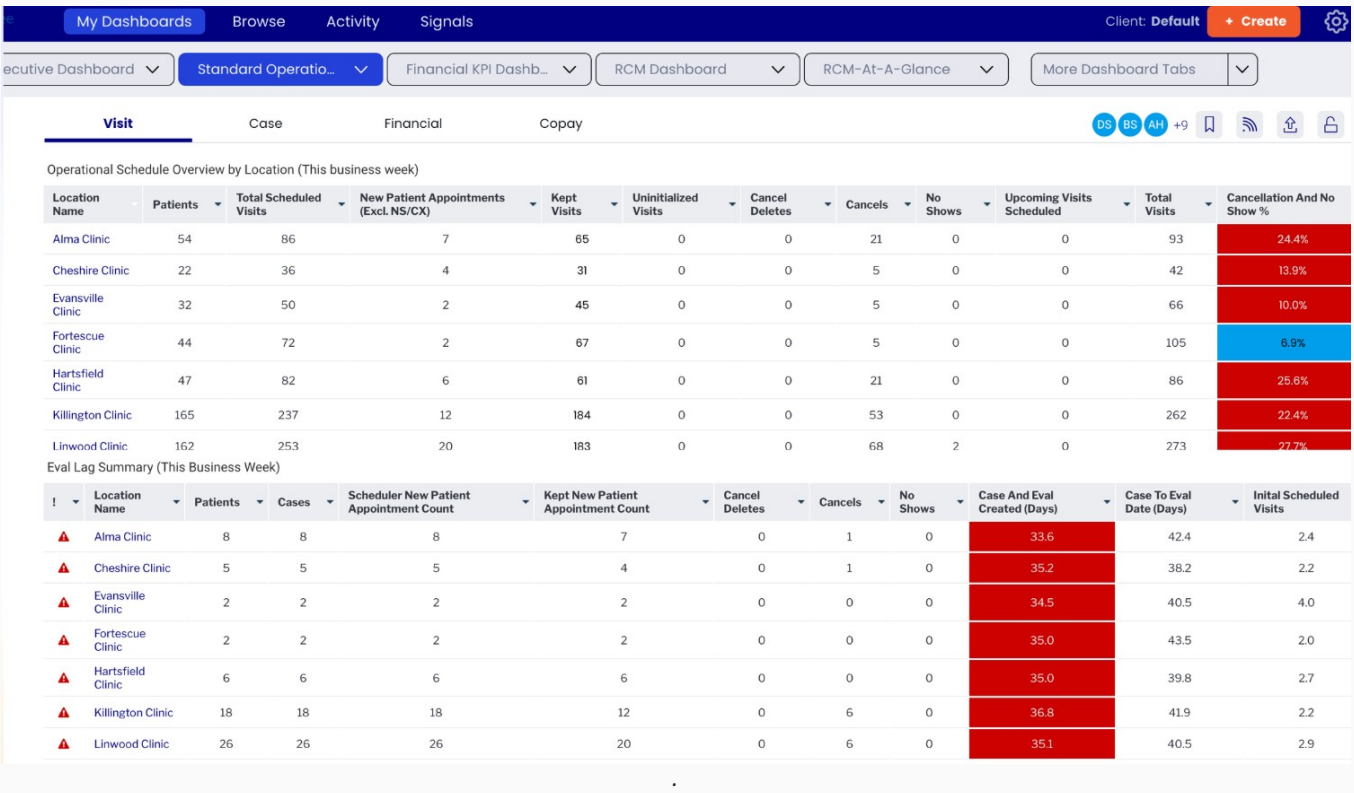
Reporting & Analytics | Recommendation 4 of 9

Standard Operations Dashboard

Category: Reporting & Analytics

Current State / Finding	Scheduling Capacity --
Business Objective / Future State	
Requirement / Gap	
Raintree Recommendation	**SME TO COMPLETE / VALIDATE**
Dependencies / Considerations	**SME TO COMPLETE / VALIDATE**
Outstanding Questions	No Open questions

Supporting Screenshot / Workflow Evidence



Location Name	Patients	Total Scheduled Visits	New Patient Appointments (Excl. NS/CX)	Kept Visits	Uninitialized Visits	Cancel Deletes	Cancels	No Shows	Upcoming Visits Scheduled	Total Visits	Cancellation And No Show %
Alma Clinic	54	86	7	65	0	0	21	0	0	93	24.4%
Cheshire Clinic	22	36	4	31	0	0	5	0	0	42	13.9%
Evansville Clinic	32	50	2	45	0	0	5	0	0	66	10.0%
Fortescue Clinic	44	72	2	67	0	0	5	0	0	105	6.9%
Hartsfield Clinic	47	82	6	61	0	0	21	0	0	86	25.6%
Killington Clinic	165	237	12	184	0	0	53	0	0	262	22.4%
Linwood Clinic	162	253	20	183	0	0	68	2	0	273	27.7%

!	Location Name	Patients	Cases	Scheduler New Patient Appointment Count	Kept New Patient Appointment Count	Cancel Deletes	Cancels	No Shows	Case And Eval Created (Days)	Case To Eval Date (Days)	Inital Scheduled Visits
⚠	Alma Clinic	8	8	8	7	0	1	0	33.6	42.4	2.4
⚠	Cheshire Clinic	5	5	5	4	0	1	0	35.2	38.2	2.2
⚠	Evansville Clinic	2	2	2	2	0	0	0	34.5	40.5	4.0
⚠	Fortescue Clinic	2	2	2	2	0	0	0	35.0	43.5	2.0
⚠	Hartsfield Clinic	6	6	6	6	0	0	0	35.0	39.8	2.7
⚠	Killington Clinic	18	18	18	12	0	6	0	36.8	41.9	2.2
⚠	Linwood Clinic	26	26	26	20	0	6	0	35.1	40.5	2.9

SME validation	☐ Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

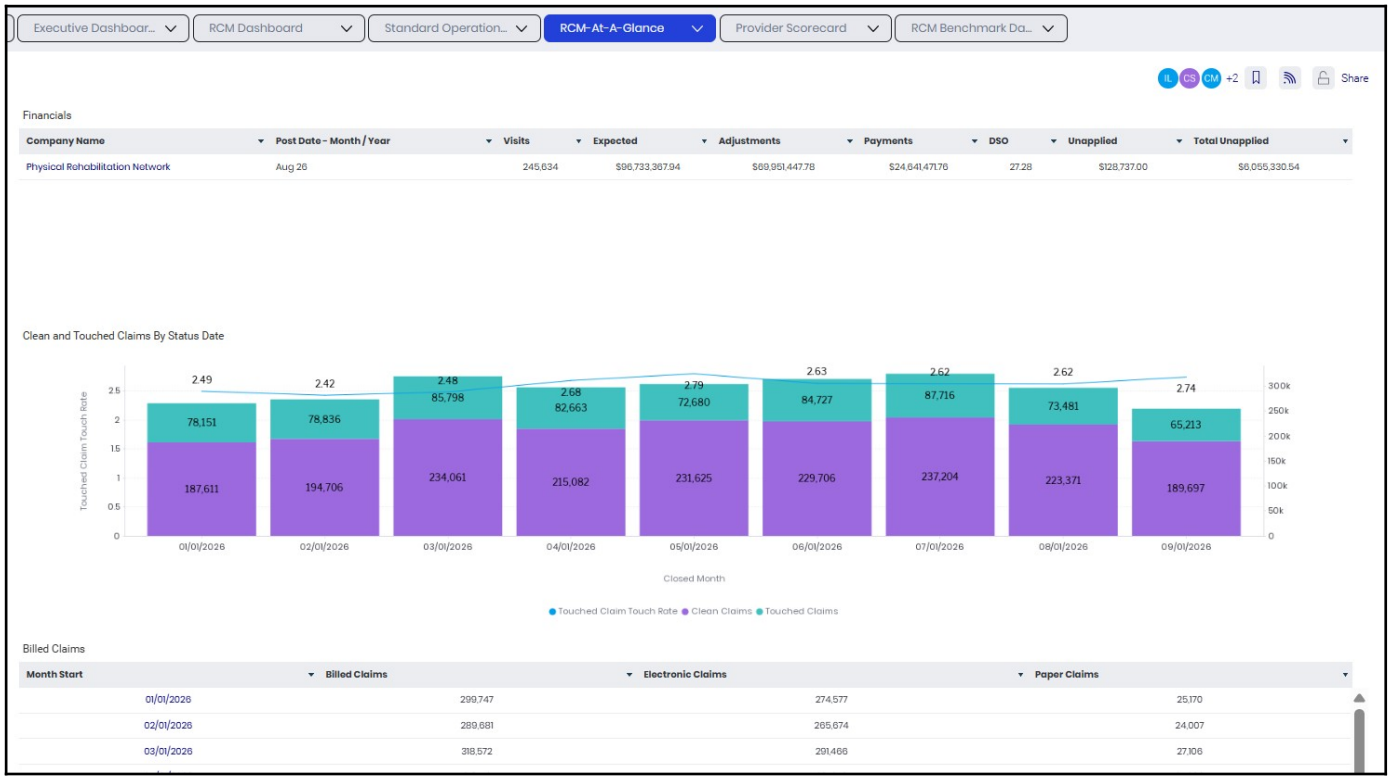
Reporting & Analytics | Recommendation 5 of 9

RCM At a Glance

Category: Reporting & Analytics

Current State / Finding	**SME TO COMPLETE / VALIDATE**
Business Objective / Future State	**SME TO COMPLETE / VALIDATE**
Requirement / Gap	**SME TO COMPLETE / VALIDATE**
Raintree Recommendation	**SME TO COMPLETE / VALIDATE**
Dependencies / Considerations	**SME TO COMPLETE / VALIDATE**
Outstanding Questions	**SME TO COMPLETE / VALIDATE**

Supporting Screenshot / Workflow Evidence



SME validation	☐ Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

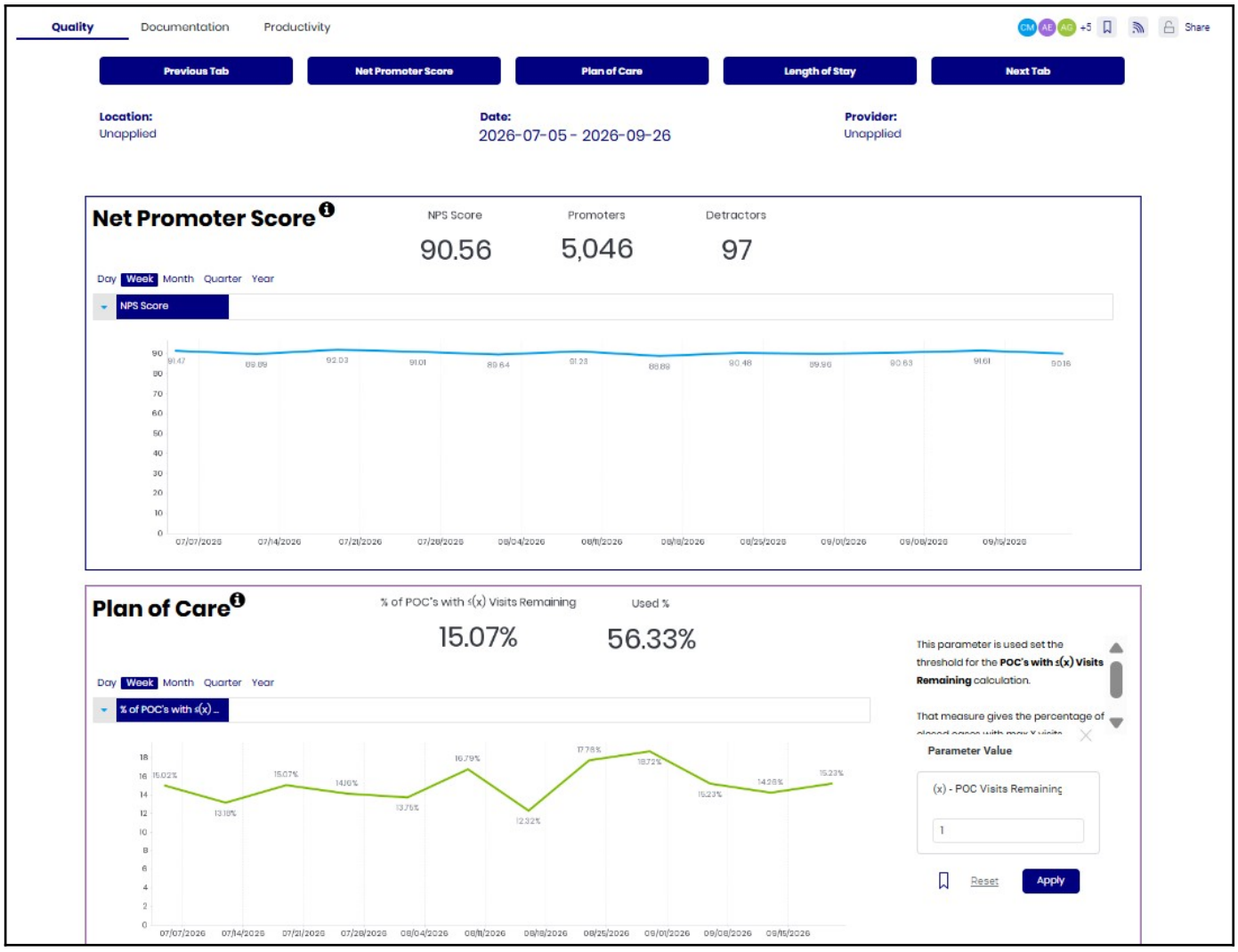
Reporting & Analytics | Recommendation 6 of 9

Provider Scorecard

Category: Reporting & Analytics

Current State / Finding	**SME TO COMPLETE / VALIDATE**
Business Objective / Future State	**SME TO COMPLETE / VALIDATE**
Requirement / Gap	**SME TO COMPLETE / VALIDATE**
Raintree Recommendation	PRN administrative team to use Provider Scorecard to monitor productivity.
Dependencies / Considerations	PRN is on the new pipeline, RT team working on adding Provider Scorecard to PRN's BI instance. 9/23/26: Access to Provider Scorecard enabled for PRN. Walkthrough Video and details emailed to PRN.
Outstanding Questions	None

Supporting Screenshot / Workflow Evidence



SME validation	☐ Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Reporting & Analytics | Recommendation 7 of 9

Copay report mismatch with Core Raintree

Category: Reporting & Analytics

Current State / Finding	**SME TO COMPLETE / VALIDATE**
Business Objective / Future State	**SME TO COMPLETE / VALIDATE**
Requirement / Gap	**N/A**
Raintree Recommendation	**Teresa and Marko met with Shama and tweaked the BI report to match the classic Raintree report which can now be used by PRN**
Dependencies / Considerations	CoPay collected -- Christina calling out that this report is not matching classic raintree report - provided ProActive example **Update: Teresa and Marko met with Shama and tweaked the BI report to match the classic Raintree report.**
Outstanding Questions	ACTION ITEM - Indhu would like PRN to ID the standard reports they want to use, but are unable to bc it doesn't have the merge location feature, to let RT know and they can add this for them. Pending from PRN

Supporting Screenshot / Workflow Evidence

SME validation	☐ Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Reporting & Analytics | Recommendation 8 of 9

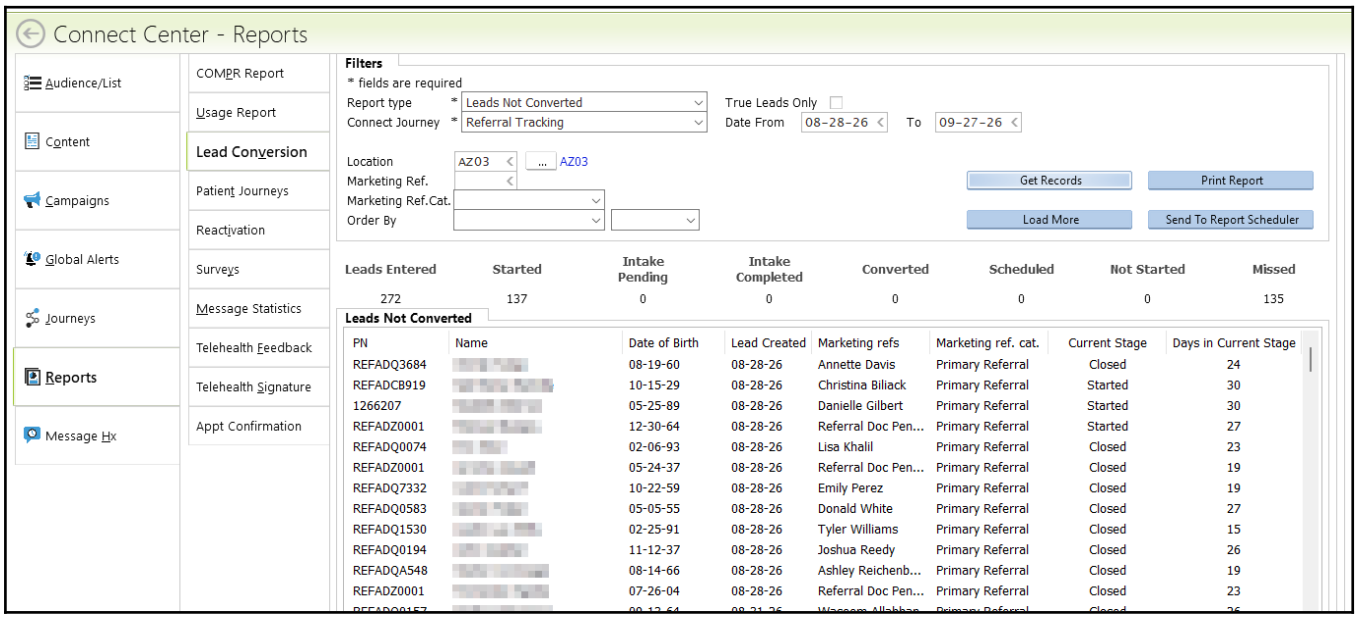
Clinic Directors Report (Classic Raintree)

Category: Reporting & Analytics

Current State / Finding	Need a report for Clinic Directors to be able to see the Not converted leads by clinic
Business Objective / Future State	Visibility in to Not converted leads
Requirement / Gap	None
Raintree Recommendation	Have the Lead to Patient Conversion Report> Not Converted Option run via report scheduler and delivered to Clinic Directors on a weekly basis.
Dependencies / Considerations	

	Met with Jeff on 9/17 and based on the requirements he presented, the Report scheduler option in Classic Raintree would be most suited for CDs getting the metrics around “not converted” leads.
Outstanding Questions	Matt Nieves calling out that they will need a larger internal discussion about the merge location feature. Report scheduler option for Connect report in classic to be setup for Jeff and Casey as pilot before they decide if they want to have this scheduled to send out to all their Clinic Directors. .

Supporting Screenshot / Workflow Evidence



SME validation	☐ Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Reporting & Analytics | Recommendation 9 of 9

Duplicate item - Provider Scorecard is listed earlier

Category: Reporting & Analytics

Current State / Finding	**SME TO COMPLETE / VALIDATE**
Business Objective / Future State	**SME TO COMPLETE / VALIDATE**
Requirement / Gap	**SME TO COMPLETE / VALIDATE**
Raintree Recommendation	**SME TO COMPLETE / VALIDATE**
Dependencies / Considerations	**SME TO COMPLETE / VALIDATE**
Outstanding Questions	ACTION ITEM-- Indhu to follow up with PRN on the Provider Scorecard and what that includes

Supporting Screenshot / Workflow Evidence

[INSERT SCREENSHOT / WORKFLOW IMAGE HERE]

Use the screenshot to visually support the recommendation and show the applicable Raintree workflow/configuration.

SME validation	☐ Configuration ☐ Change Management ☐ Customization ☐ Roadmap
Final customer-ready notes	☐ Approved ☐ Not Approved ☐ Needs Additional Validation

Transformation Roadmap & Action Plan

Use this roadmap to sequence validated recommendations into near-term activation, tactical execution, and longer-horizon strategic work. Final timing and ownership should be confirmed jointly by PRN and Raintree.

Priority	Recommendation / Initiative	Timing	Owner	Dependencies / Decision Needed
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Suggested prioritization framework

Quick Win: Configuration, training, workflow, or existing functionality that can be implemented with limited dependency.

Tactical: Requires cross-functional coordination, moderate configuration/build effort, or phased implementation.

Strategic: Requires product roadmap, significant development/integration, enterprise change management, or longer-term planning.